



Behavioral Health

Drug Medi-Cal Organized Delivery System

County Implementation Plan

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CONTRACT NO. 02 – 1323 A – 7**

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MEMORANDUM OF UNDERSTANDING CONTRACT NO. 04 – 275 A - 4**

Drug Medi-Cal Organized Delivery System (DMC-ODS) County Implementation Plan

PART I PLAN QUESTIONS

This part is a series of questions that summarize the county's DMC-ODS plan.

1. Identify the county agencies and other entities involved in developing the county plan. (Check all that apply) Input from stakeholders in the development of the county implementation plan is required; however, all stakeholders listed are not required to participate.

- ☒ County Substance Use Disorder Agency
- ☒ Providers of drug/alcohol treatment services in the community
- ☒ Representatives of drug/alcohol treatment associations in the community
- ☒ Physical Health Care Providers
- ☒ Medi-Cal Managed Care Plans
- ☒ Federally Qualified Health Centers (FQHCs)
- ☒ Clients/Client Advocate Groups
- ☒ County Executive Office
- ☒ County Public Health
- ☒ County Social Services
- ☐ Foster Care Agencies
- ☒ Law Enforcement
- ☒ Court
- ☒ Probation Department
- ☒ Education
- ☒ Recovery support service providers (including recovery residences)
- ☒ Health Information technology stakeholders
- ☐ Other (specify)

2. How was community input collected?

- ☒ Community meetings
- ☒ County advisory groups
- ☒ Focus groups
- ☐ Other method(s) (explain briefly)

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3. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities.

- ☒ Monthly
- ☒ Bi-monthly
- ☒ Quarterly
- ☐ Other:

Review Note: One box must be checked.

4. Prior to any meetings to discuss development of this implementation plan, did representatives from Substance Use Disorders (SUD), Mental Health (MH) and Physical Health all meet together regularly on other topics, or has preparation for the Waiver been the catalyst for these new meetings?

- ☒ SUD, MH, and physical health representatives in our county have been holding regular meetings to discuss other topics prior to waiver discussions.
- ☐ There were previously some meetings, but they have increased in frequency or intensity as a result of the Waiver.
- ☐ There were no regular meetings previously. Waiver planning has been the catalyst for new planning meetings.
- ☐ There were no regular meetings previously, but they will occur during implementation.
- ☐ There were no regular meetings previously, and none are anticipated.

5. What services will be available to DMC-ODS clients upon year one implementation under this county plan?

REQUIRED

- ☒ Withdrawal Management (minimum one level)
- ☒ Residential Services (minimum one level)
- ☒ Intensive Outpatient
- ☒ Outpatient
- ☒ Opioid (Narcotic) Treatment Programs
- ☒ Recovery Services
- ☒ Case Management
- ☒ Physician Consultation

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How will these required services be provided?

- ☐ All County operated
- ☒ Some County and some contracted
- ☐ All contracted

OPTIONAL

- ☒ Additional Medication Assisted Treatment
- ☐ Partial Hospitalization
- ☐ Recovery Residences
- ☐ Other (specify)

6. Has the county established a toll free 24/7 number with prevalent languages for prospective clients to call to access DMC-ODS services?

- ☒ Yes (required)
- ☐ No: Plan to establish by:

Review Note: If the county is establishing a number, please note the date it will be established and operational.

7. The county will participate in providing data and information to the University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs for the DMC-ODS evaluation.

- ☒ Yes (required)
- ☐ No

8. The county will comply with all quarterly reporting requirements as contained in the STCs.

- ☒ Yes (required)
- ☐ No

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9. Each county's Quality Improvement Committee will review the following data at a minimum on a quarterly basis since external quality review (EQR) site reviews will begin after county implementation. These data elements will be incorporated into the EQRO protocol:

- Number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment
- Existence of a 24/7 telephone access line with prevalent non-English language(s)
- Access to DMC-ODS services with translation services in the prevalent non-English language(s)
- Number, percentage of denied and time period of authorization requests approved or denied

☒ Yes (required)

☐ No

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PART II **PLAN DESCRIPTION (Narrative)**

In this part of the plan, the county must describe DMC-ODS implementation policies, procedures, and activities.

General Review Notes:

- Number responses to each item to correspond with the outline.
- Keep an electronic copy of your implementation plan description. After DHCS and CMS review the plan description, the county may need to make revisions. When making changes to the implementation plan, use track changes mode so reviewers can see what has been added or deleted.
- Counties must submit a revised implementation plan to DHCS when the county requests to add a new level of service.

Narrative Description

1. Collaborative Process

Describe the collaborative process used to plan DMC-ODS services. Describe how county entities, community parties, and others participated in the development of this plan and how ongoing involvement and effective communication will occur.

Review Note: Stakeholder engagement is required in development of the implementation plan.

San Bernardino County Department of Behavioral Health (SBC-DBH) implemented the Drug Medi-Cal Organized Delivery System (DMC-ODS) stakeholder process effective April 1, 2015. SBC-DBH provided an initial introduction to the DMC-ODS by convening a stakeholder meeting with all county-operated, community-based contracted agencies and community partners at a mandated Substance Abuse Provider Network (SAPN) Meeting which meets quarterly throughout each fiscal year. DBH continues to utilize this venue for stakeholder process. The SAPN meeting is open to the public and it provides SBC-DBH with the venue to receive community feedback. Additionally, SBC-DBH utilizes the Behavioral Health Commission which meets each month as a stakeholder process to capture beneficiary/customer input as well as share the process and progress of the DMC-ODS implementation plan with the Behavioral Health Commissioners.

SBC-DBH engaged the San Bernardino County Association of Community-Based Organizations (ACBO) in the stakeholder process from the onset. ACBO is a network of human service providers, primarily serving customers in the areas of behavioral health, mental health, and substance use disorder treatment, prevention and intervention. ACBO is comprised of representation of the majority of contractors to the SBC-DBH with the primary function of:

- Advocating to SBC-DBH and County government regarding issues of behavioral health care
- Serving as a conduit for information, keeping the community of providers informed of developments in SBC-DBH while also serving as a collective voice for members to keep SBC-DBH informed
- Providing a channel through which members can coordinate services and collaborate on mutual interests or opportunities
- Disseminating information about prevention, mental health and substance use disorder treatment and access to service

ACBO meets monthly with SBC-DBH and that monthly meeting is treated as a forum to update the organization on the DMC-ODS Implementation Plan. The organization is provided the opportunity to ask questions and get feedback on the progress and elements of the DMC-ODS implementation. Additionally, SBC-DBH convened two special sessions with ACBO to discuss the development of concepts and principles for a successful integration of the DMC-ODS with an emphasis of integrating co-occurring SUD services to beneficiaries who will be served under the DMC-ODS. SBC-DBH continues to engage the ACBO throughout the preparation process and this practice will continue through the full integration phase.

SBH-DBH integrated the two (2) Managed Healthcare Plans (MCP) into the stakeholder process beginning in September 2015 in an effort to develop a Memorandum of Understanding that addresses the DMC-ODS special terms and conditions. A series of meetings were held and MOUs were developed. At this time, the final draft MOU's are in review process and scheduled to be presented the San Bernardino County Board of Supervisors in December 2016 and January 2017. SBC-DBH will continue the stakeholder process with the 2 MCPs throughout the implementation of the DMC-ODS. As a result of the stakeholder process with the 2 MCPs, SBC-DBH and the 2 plans have already implemented a care coordination system in which referrals are exchanged with proper consents.

A significant stakeholder process was convened with all existing SBC-DBH contracted Community-Based Organizations (CBOs) beginning in April 2015. These CBOs include, but are not limited to, providers of residential SUD services, outpatient/intensive outpatient SUD services, Narcotic Treatment Programs (NTP), Recovery Support Services (CBRSS), and county-operated SUD treatment clinics. The stakeholder process addressed the current continuum of care and what additional services would need incorporation to meet the needs of the DMC-ODS. From the initial stakeholder engagement, sub-stakeholder meetings were

conducted to address special needs target populations such as those in need of medication assisted treatment, perinatal populations, adolescent populations and criminal justice involved populations to name a few. This stakeholder group meets at least quarterly and more often as identified throughout the writing of the DMC-ODS implementation plan. This stakeholder group will continue to convene monthly throughout a successful implementation of the DMC-ODS.

Lastly, SBC-DBH convened a stakeholder process with significant county collaborative partners to include, but not be limited to, Department of Children and Family Services, Probation, Sheriff's Department, District Attorney, Public Defender, County Counsel, DBH, Transitional Assistance Department and the Superior Court. DBH in particular was a key stakeholder in this process as SBH-DBH currently provides many services that will be incorporated into the DMC-ODS implementation plan. This stakeholder process afforded the opportunity for each key stakeholder to present challenges and opportunities to improve the existing SBC-DBH continuum of care through implementation of the DMC-ODS. SBC-DBH will continue to meet with this group of key stakeholders on a quarterly basis throughout the implementation process and will continue indefinitely.

SBC-DBH conducted a series of electronic surveys to elicit information on existing services provided and capture demographic information on the beneficiaries who are accessing services, capacity and utilization. This survey process is also being utilized to capture information regarding costs associated with the delivery of services. Electronic surveys are sent to contract CBOs and county-operated clinics to capture special information as identified.

SBC-DBH has convened a total of forty (40) in-person stakeholder process meetings to date and various electronic surveys in an effort to identify and address every element of the DMC-ODS implementation plan. SBC-DBH will continue to convene a minimal of two (2) monthly stakeholder process meetings throughout successful implementation of the DMC-ODS.

Please see Addendum I: Stakeholder Meetings

2. **Client Flow.** Describe how clients move through the different levels identified in the continuum of care (referral, assessment, authorization, placement, transitions to another level of care). Describe what entity or entities will conduct ASAM criteria interviews, the professional qualifications of individuals who will conduct ASAM criteria interviews and assessments, how admissions to the recommended level of care will take place, how often clients will be re-assessed, and how they will be transitioned to another level of care accordingly. Include the role of how the case manager will help with the transition through levels of care and who is providing the case management services. Also describe if there will be timelines established for the movement between one level of care to another.

Please describe how you plan to ensure successful care transitions for high-utilizers or individuals at risk of unsuccessful transitions.

Review Note: A flow chart may be included.

The primary entry point of access to SUD services is through the SBC-DBH operated Screening Assessment and Referral Center (SARC) which offers a complete American Society of Addiction Medicine (ASAM) designed screening to determine the individuals need for treatment and appropriate level of care. Clients may receive the screening in person or via the telephone. SARC treatment staff is comprised of Licensed Practitioners of the Healing Arts and certified alcohol and drug counselors who have been trained on ASAM criteria.

Clients who are assessed to be in need of outpatient (OP)/intensive outpatient treatment (IOT) will be directed to the most appropriate provider based on treatment need and client preference. SBC-DBH maintains the philosophy that individuals who have an active voice in their treatment is an important factor in determining a successful treatment episode. Once the treatment provider is determined, SARC staff will discuss with the client the benefits of SBC-DBH case management services; clients opting to utilize this service will immediately be assigned to a case manager located closest to where the client resides within the county.

Clients assessed to be in need of residential treatment will also be directed to the most appropriate provider based on treatment need and appropriate ASAM residential level of care (ASAM level 3.1, 3.3 or 3.5) and client preference. Clients who are referred to residential treatment through SARC, either in person or by phone, will need no further authorization from the county to enter residential treatment. The county will maintain a residential treatment authorization list to document authorization of services. As with outpatient services, SBC-DBH case management services will be offered to clients who will be entering residential SUD treatment services. For those who opt to utilize this service, SBC-DBH case managers will engage with the clients and assist with facilitating treatment entry and transition through SBC-DBH continuum of care based on ASAM criteria and medical necessity.

Clients may also access treatment by presenting directly to a treatment provider. For OP/IOT treatment, there will be no county authorization necessary to admit a client based on ASAM criteria. Providers will be responsible for providing a full ASAM based screening and ensuring the client meets admission criteria for their level of care. Additionally, OP/IOT treatment providers will be required to inform clients of the SBC-DBH case management services available to them. SBC-DBH will provide information flyers and brochures, in all threshold languages, to all county operated and contracted treatment providers to display in their lobbies to

ensure clients have exposure and access to case management services at any time during their treatment episode.

Clients presenting directly to residential treatment providers will be administered a full ASAM screening to determine appropriate level of care needed based on medical necessity. If the client is assessed to be in need of a lower or higher level of care than what is provided at that facility, the treatment provider must assist the client with accessing the appropriate level of care, and if necessary, provide services to that client until coordination of entry to another provider can be completed. SBC-DBH case managers will be available to assist providers transitioning clients from one level of care to another. Clients who are appropriate for the level of care provided by the assessing residential treatment provider may be admitted to treatment immediately. Residential providers will have 48 hours to request authorization from the county. When requesting authorization, the provider must provide the Diagnostic and Statistical Manual of Mental Disorders (DSM) and ASAM Criteria used to make the determination. The county will then have 24 hours to either approve or deny the residential treatment episode. In the event of a denial, the treatment provider will be required to coordinate the client's transition to the appropriate level of care as determined by the county.

Another access point to treatment is through the criminal justice system. As with the current system of care, SBC-DBH will continue to have certified alcohol and drug counselors embedded in probation offices throughout the county providing direct access to OP/IOT treatment or through referral to residential treatment, based on ASAM placement criteria. Criminal justice involved clients referred to residential treatment by a SBC-DBH counselor based in a probation office will not require any additional authorization by the county. As with other treatment access points, criminal justice involved clients will be offered the services of a SBC-DBH case manager.

All residential episodes authorized by SBC-DBH will provide an initial authorization for a maximum of thirty (30) days. Prior to the expiration of the 30 day period, the treatment provider will be required to re-assess the client to determine if the client has progressed enough to transition to a lower level of care or if a higher level of care is needed. For transitions to a level of care beyond the ASAM 3.1, 3.3 or 3.5 residential designations, county authorization will not be necessary; however, the provider will be responsible for informing the county and providing the DSM and ASAM Criteria used to make the determination. For transitions to a higher level of care or continued treatment in the current level of care, county re-authorization will be required no sooner than twenty-five (25) days and no later than the client's 30th day in residential treatment. The county will have twenty-four (24) hours to approve or deny the re-authorization. In the event of a denial, the treatment provider will be required to work with the county to transition the client to the

appropriate level of care as determined by the county.

The three (3) access points listed above are not exclusive and it is important to note that SBC-DBH has a “no wrong door” implied policy for county residents seeking SUD treatment/recovery services. SBC-DBH is committed to ensuring treatment/recovery is available to everyone in need and will continue to work on improving access to treatment/recovery services and facilitating client flow through our system of care.

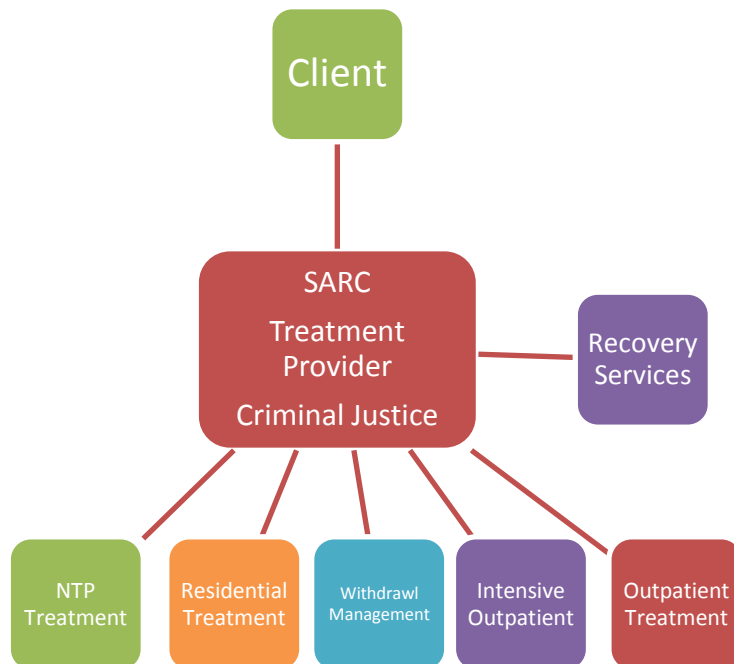
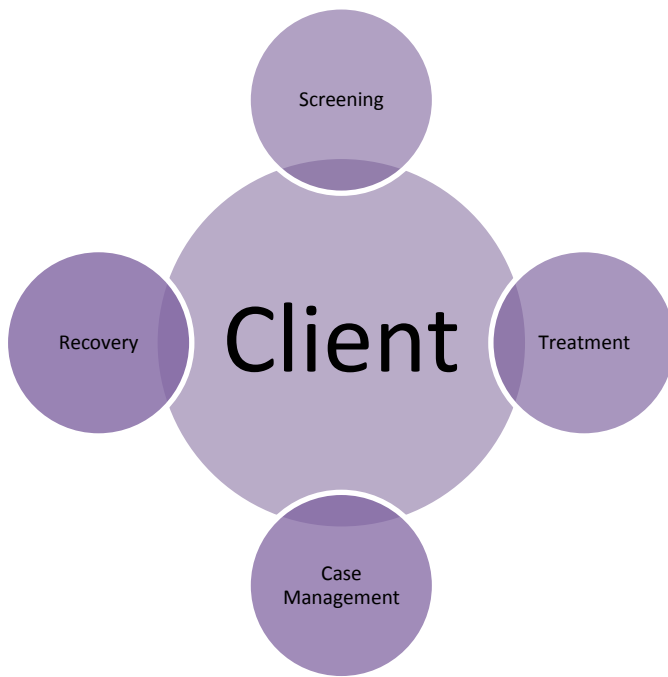
Case management services will have an integral role in the SBC-DBH system of care. In addition to assisting with the facilitation of client flow as noted previously, case managers will assist clients with access to medical and social services; educational and vocational services; mental health services and other community services as necessary to ensure the client’s needs are addressed in a holistic manner. Case Managers will also play an integral role by being the key point of contact for care coordination between the MCPs and SBC-DBH.

SBC-DBH anticipates case management services will be a significant benefit to all clients. For those who are high-utilizers of SUD treatment services and for those who are at risk of unsuccessful transitions between levels of care, case management services may be the catalyst needed to assist these individuals to be successful with their SUD treatment needs. The additional support provided by case managers will help to provide clients with the tools necessary to support a substance free life style and gain access to services they may not have the ability to access on their own. Case managers will utilize motivational interviewing skills to engage clients throughout their treatment episode.

SBC-DBH case management services will focus on coordination of SUD care, integration around primary medical care for beneficiaries with a SUD, and those involved with the criminal justice system. Services will be provided by telephone and face-to-face interaction. SBC-DBH anticipates utilizing tele-health during the second year of the DMC-ODS implementation. SBC-DBH case managers will possess a Bachelor’s degree in the area of Psychology/Social Work in addition to being certified alcohol and drug counselors

In addition to the services listed above, case managers will be responsible for communicating with the SUD treatment provider regarding a client’s progress or lack thereof in their current level of treatment. SBC-DBH has established a period of thirty (30) days to re-assess if the current level of treatment is benefiting the client and case managers will work directly with the SUD treatment providers to determine this based on ASAM Criteria. If it is determined a client is making progress, no action will be taken and the case manager will continue to monitor. If it is determined the client needs to move to a higher or lower level of care and the current provider does not offer the appropriate level, the case manager will facilitate this transition along with the current provider to ensure the least amount of disruption to the client.

The charts below indicate the client flow and services offered in the DMC-ODS System of Care



- 3. Beneficiary Notification and Access Line.** For the beneficiary toll free access number, what data will be collected (i.e.: measure the number of calls, waiting times, and call abandonment)? How will individuals be able to locate the access number? The access line must be toll-free, functional 24/7, accessible in prevalent non-English languages, and ADA-compliant (TTY).

Review Note: Please note that all written information must be available in the prevalent non-English languages identified by the state in a particular service area. The plan must notify beneficiaries of free oral interpretation services and how to access those services.

SBC-DBH utilizes a toll-free 24 hour, 365 day/year Behavioral Health Access line where beneficiaries and the community at large can access information and referrals for needed services. This call center is comprised of Licensed Practitioners of the Healing Arts (LPHAs) and will include certified Alcohol and Drug Counselors that provide widespread linkages ranging from referrals to authorizations for treatment services. The Access line answers inquiries and requests in SBC-DBH threshold languages of English and Spanish and is ADA TTY compliant in accordance with SBC-DBH policy CUL 1004: Satisfying Beneficiary Language Needs Policy. The policy includes provisions for accessing all preferred language needs in written information and also addresses access of free oral interpretation services and how to access those services.

SBC-DBH will collect data from the Access line and will implement an ongoing Call Log Status Report which captures the following:

Call Log Status Report	
Date	
Total Call Received	
Total Calls Answered	
Call Time	each call to be logged at time in to identify patterns of heavy call times
Call Duration	each call duration to be noted for staff needs
Call Type	specialty services, SUD, PCP, Community Resources
Disposition of Call	ASAM screen/assessment completed, number of intake appointments scheduled,
Person Answering Call	LPHA or counselor
Caller's Preferred Language	English, Spanish, Other
Utilization of Interpreter Services	Yes/No
Insurance Type	DMC, MCP, None, Private Ins.
Abandonment Rate	Number of call not answered while person was placed on hold
Average Answered Hold Time	In minutes/seconds
Service Area	What region/city is beneficiary requesting services

SBC-DBH publishes the Behavioral Access Line in a number of ways, to include the following:

- County Website at <http://wp.sbcounty.gov/dbh/access/>
- Printed Brochures/Materials
- Postings in SBC-DBH Clinics

In addition to already existing published information, SBC-DBH will provide a mass email notice to all CBOs, collaborative partners and stakeholders with information on informing the public of how to access services.

SBC-DBH also utilizes an ongoing relationship with 2-1-1 San Bernardino County Inland Empire United Way and requires all contract CBOs to register within thirty (30) days of contract effective date and follow all necessary procedures to be included in the 2-1-1 database.

4. Treatment Services. Describe the required types of DMC-ODS services (withdrawal management, residential, intensive outpatient, outpatient, opioid/narcotic treatment programs, recovery services, case management, physician consultation) and optional (additional medication assisted treatment, recovery residences) to be provided. What barriers, if any, does the county have with the required service levels? Describe how the county plans to coordinate with surrounding opt-out counties in order to limit disruption of services for beneficiaries who reside in an opt-out county.

Review Note: Include in each description the corresponding American Society of Addiction Medicine (ASAM) level, including opioid treatment programs. Names and descriptions of individual providers are not required in this section; however, a list of all contracted providers will be required within 30 days of the waiver implementation date. This list will be used for billing purposes for the Short Doyle 2 system.

SBC-DBH currently has an existing provider network that meets several Waiver requirements, including:

- Prevention and Early Intervention
- Outpatient and Intensive Outpatient for adults
- Outpatient for youth
- Residential levels 3.1, 3.3 and 3.5 for adults
- Residential level 3.5 for youth
- Withdrawal Management level 3.2
- Narcotic Treatment Programs (NTP)
- Recovery Services
- Case Management
- Physician Consultation

Optional Services

- Additional Medication Assisted Treatment
- Recovery Residences

SBC-DBH providers consistently provide these services in a culturally/linguistically competent manner ensuring services are provided to and accessible by individuals with limited English proficiency. Through the SBC-DBH Office of Cultural Competency (OCC), cultural competency trainings are offered throughout the year to all county operated and contracted providers.

If SBC-DBH encounters a beneficiary who possesses out-of-county DMC, through an interview process, SBC-DBH will first determine the correct county of residence. If the beneficiary needs to request an intercounty transfer (ICT) of Medi-Cal benefits, SBC-DBH will assign a case manager to assist with the ICT process.

If the beneficiary is seeking services and discloses barriers or challenges in receiving the medically necessary services in an opt-out county, SBC-DBH will provide the services to the beneficiary who has pre-ACA DMC. SBC-DBH will coordinate with neighboring county (ies), whether they are opt-in or opt-out, to ensure the beneficiary can access medically necessary needed services quickly and easily.

SBC-DBH is continually striving to improve its SUD system of care to benefit the residents of the county. The additional Waiver requirements not currently being offered by SBC-DBH, once implemented, will strengthen the robust system currently in place. All currently offered services and planned services upon Waiver implementation are outlined below.

Early Intervention Services (ASAM Level 0.5)

Currently provided services:

- Friday Night Live (FNL): FNL is a statewide youth development program provided through middle schools and high schools throughout the county. The principles of FNL are as follows:
 - Provide youth with a safe environment
 - Provide youth the opportunity for developing meaningful relationships with adults and their peers
 - Providing youth with the opportunity for community engagement
 - Providing youth with the opportunity for skill development
 - Providing youth with the opportunity for leadership advocacy
- Club Live: Club Live is an extension of the Friday Night Live program and is for middle school age youth. Club Live fosters resiliency and protective factors through the development of action-oriented chapters in which positive activities are planned and implemented by young people working together with adults.
- Tobacco Initiative: The overall goal of San Bernardino County is to reduce the percentage of underage smokers and electronic/vapes users by 5% by 2020 as measured by CHKS
- Underage and Binge Drinking Initiative: The overall goal of San Bernardino County Underage Drinking Initiative is to reduce the problems associated with accessibility, sales and misuse of alcohol by youth by 5% as measured by the SUD

treatment data, local surveys and California Healthy Kids Survey (CHKS) by the year 2020

- Synthetic Drug Initiative: The overall goal of the San Bernardino County Synthetic Drug Initiative is to ensure all retail outlets are complying with the countywide and local city ordinances, which prohibit synthetic drug sales resulting in the reduction and eradication of all synthetic drug sales
- A collaboration to provide Screening, Brief Intervention and Referral to Treatment (SBIRT) will be made for the adult and adolescent populations. This collaboration will be with the existing managed care plans through Memorandums of Understanding and SBC-DBH

Outpatient Services (ASAM Level 1)

Currently provided service:

SBC-DBH currently has 18 facilities located regionally throughout the county providing this level of care to adults and 9 facilities offering this service to youth that are all Drug Medi-Cal certified. Services at this level consist of the following:

- A maximum of 9 hours for adults and 6 hours for youth focusing on treating the individual's level of problem severity, assisting in achieving permanent change in using behaviors, and improving mental functioning
- Level 1 Outpatient services address personal lifestyles, attitudes and behaviors that can impact or prevent accomplishing the goals of treatment
- This service may be the initial phase of treatment or step down based on the individuals need and readiness for change

Intensive Outpatient Services (ASAM Level 2.1)

Currently provided service:

SBC-DBH currently has 4 Intensive outpatient (IOT) facilities serving adults located regionally throughout the county. SBC-DBH released a Request for Proposal (RFP) to expand IOT services serving the adult population. The new IOT services will become effective July 1, 2017 and will cover all regions of San Bernardino County. Services at this level consist of the following:

- A minimum of 9 hours and maximum of 19 hours per week for adults
- Consists of counseling and education relating to substance-presented and mental health problems and/or disorders, and gender specific needs
- Psychiatric and medical services are addressed through consultation and referral arrangements depending on the stability of the individual

SBC-DBH released an RFP to ascertain IOT services for youth populations to become effective July 1, 2017. The intent of SBC-DBH is to provide youth IOT services throughout each region of the county. The services will include, but not be limited to the following:

- A minimum of six (6) hours and maximum of 19 hours per week for youth based on individual treatment needs
- Consists of counseling and education related to substance-presented and

- mental health problems and/or disorders, and gender specific needs
- Psychiatric and medical services are addressed through consultation and referral arrangements depending on the stability of the individual
- Sufficiently staffed with personnel with the knowledge and experience to address the specific/unique needs of the youth

Residential Services (Level 3.1, 3.3 and 3.5)

Currently provided service

SBC-DBH currently contracts with 5 residential providers located regionally throughout the county providing level 3.1, 3.3 and 3.5 for adults and level 3.1 and 3.5 for youth. Services at this level consist of the following:

- Treatment services provided in a 24 hour residential setting and staffed 24 hours a day
- A daily regimen and structured activities intended to restore cognitive functioning and build behavioral patterns
- Individuals at this level of care have functional deficits/ require safe and stable living environments to assist in developing their recovery skills

SBC-DBH currently does not provide or contract with any provider for residential services Level 3.7 or Level 4.0. Any client assessed to this level of care is referred to Arrowhead Regional Medical Center, the county-operated hospital. SBC-DBH is collaborating with Loma Linda University Medical Center to provide Level 3.7 and/or Level 4.0 residential services. Lastly SBC-DBH will develop an RFP to be released, if necessary, to procure for ASAM Level 3.7 and 4.0 residential SUD services in accordance with ASAM criteria.

Withdrawal Management (Dimension 1)

Currently provided service

SBC-DBH currently contracts with 4 residential/withdrawal management (Level 3.2) providers located regionally throughout the county. Service at this level consists of the following:

- Clinically managed residential withdrawal management
- 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
- Provided at a DHCS Licensed Residential facility with Detoxification Certification; physician licensed prescriber; ability to promptly receive step-downs

SBC-DBC currently does not provide or contract with any provider for withdrawal management services Level 3.7–WM or Level 4-WM. Any client assessed to this level of care is referred to Arrowhead Regional Medical Center (county hospital) or other appropriate hospital licensed as a medical-surgical facility.

Opioid Narcotic Treatment Program (ASAM Level OTP Level 1)

Currently provided service

As a requirement of the DMC-ODS, NTP providers in SBC-DBH ODS will make the following medication assisted treatment (MAT) options available:

- ***Buprenorphine***
- ***Naloxone***
- ***Disulfiram***

At present time, NTP providers in the SBC-DBH system of care are providing these MAT options and a full implementation of the required NTP MAT options is expected by June 30, 2017.

This service level is provided at 3 regionally located locations throughout the county. Services consist of the following:

- Pursuant to 9 CCR § 10270 (d), opioid maintenance criterion is a two-year history of addiction, two treatment failures and one year of episodic or continued use
- Treatment is prescribed in the context of psychosocial supports and interventions to manage patient's addiction
- Involves the direct administration of medications on a routine basis without the prescribing of medications
- Patients will receive a minimum of 50 minutes of counseling with a therapist each calendar month

Additional Medication Assisted Treatment (MAT) to be provided upon Waiver implementation:

Within the first year of the Waiver, SBC-DBH intends to expand MAT services to include:

- Vivitrol (Injectable naltrexone)
- Disulfiram
- Buprenorphine
- Naloxone

These services will be provided through SBC-DBC operated SUD treatment clinics and contracted NTP providers. These additional MAT services will be provided after a thorough assessment, using ASAM criteria and Motivational Interviewing techniques to identify:

- Severity of dependence
- Any medical condition which has contributed to the dependence
- History of failed treatment attempts
- History of mental health issues
- Social impediments to treatment

Recovery Services

Currently provided service

SBC-DBH currently provides Recovery Service Centers at 7 regional locations throughout the county; services are provided by contracted providers who are certified SUD treatment providers. Recovery Service Centers are designed to meet the needs of persons living in recovery from a substance use disorder by providing a sober and drug- free environment which encourages positive behavioral change. Services include but are not limited to:

- Self-help groups including linkages to spiritual and faith-based support
- Parenting education classes
- Treatment aftercare
- Family groups
- Drug and alcohol education
- Life skills classes
- Smoking cessation classes

Additional Recovery Services to be provided upon Waiver implementation:

With the implementation of the Waiver, SBC-DBH intends to release an RFP to expand the current Recovery Services to include the following:

- Outpatient counseling sessions in the form of group or individual sessions to stabilize the beneficiary and then reassess if the beneficiary needs further care
- Recovery monitoring: Recovery coaching, monitoring via telephone and internet
- Substance Abuse Assistance: Peer-to-peer services and relapse prevention
- Employment services; job training
- Ancillary Services: Linkages to housing assistance, transportation, case management, individual service coordination

All services will be provided as medically necessary by DMC certified providers and may be provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community. Beneficiaries will be able to access Recovery Services after completing their course of treatment whether they are triggered, have relapsed or as a preventative measure to prevent relapse.

SBC-DBH anticipates these enhanced additional Recovery Services will be available within 18 months of the Waiver implementation.

Case Management

To be provided upon Waiver implementation

SBC-DBH intends to implement case management services immediately upon implementation of the Waiver. Case management services will be coordinated with mental health and/or physical health providers to ensure appropriate level of care and will serve as a method to help clients achieve their goals throughout their treatment course. All beneficiaries will be eligible for and offered case management services, however, with a strong emphasis on high utilizers to avoid hospitalization and higher medical costs and to those who are involved in the criminal justice system to help reduce recidivism. The case manager to client ratio will be 25:1. SBC- DBH intends to provide case management services by County employed certified alcohol and drug counselors

or LPHAs in accordance with 42 C.F.R. Part 2 and other applicable laws. After the first year, SBC-DBH may elect to contract out a portion of the case management services based on analysis of year one's service utilization.

Case management services will include:

- Beneficiary engagement, referrals, and re-engagement
- Comprehensive assessment, including ASAM Level assessment, physical and mental health needs
- Periodic re-assessment for beneficiary SUD treatment needs and transition support between higher or lower levels of care
- Development of SUD treatment plans, coordination of care plans including other service needs and periodic revisions of beneficiary care plans
- Communication, coordination, referral follow-up, and "warm hand-off" service activities
- SUD service delivery navigation and progress monitoring
- Patient advocacy and coordination with mental health, physical health, and other community service providers to ensure a collaborative and coordinated approach to each beneficiary's service needs
- Discharge planning, recovery support planning, and maintenance care planning
- Transportation coordination and referrals to benefits, ancillary services, 12-step meetings, and other recovery supports
- Level of Care transition support and supportive monitoring for other high-risk transition periods

Physician Consultation Services

To be provided upon Waiver implementation

Physician Consultation includes DMC physicians' consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists. Physician consultation services are designed to assist DMC physicians with seeking expert advice on designing treatment plans and supporting DMC providers with complex cases which may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.

SBC-DBH will utilize Physician Consultation primarily for Medication Assisted Treatment (MAT) specialty consultation. These services will be offered by staff physicians who specialize in addiction medicine and Physician Consultation services will include the following:

- Consultation on treatment for youth
- Coordination of discharges from outpatient and residential to MAT
- Coordinating with primary care physicians and hospitals on client care related to MAT services
- Consultation with primary care clinics or primary care physicians in the community needing advice from addiction specialists for treatment or referral
- Consult on discharges from hospitals for patients referred to MAT
- Consult with hospitals or a specialist for starting patients on medication assisted treatment or tapering them off
- Coordination of care between primary care services and MAT
- MAT dosage and treatment consultation with physicians in the community
- Consult with community physicians for pregnant clients and MAT services for them

- Consultations with clients on methadone/buprenorphine for treatment of acute pain

Physician Consultations services will be provided by SBC-DBH contracted staff physicians and SBC-DBH Medical Directors upon implementation of the Waiver. Additionally, SBC-DBH will ensure contract providers will have physicians available for physician consultation as part of their contracts beginning in year one. If, and when necessary, providers and the county may contract with one or more physicians or pharmacists in order to provide consultation services.

Recovery Residences

Currently provided service

Recovery Residences are safe, clean, sober, residential environments that promote individual recovery through positive peer group interactions among house members and staff. Recovery residences are affordable, alcohol and drug free, and allow the house members or residents to continue to develop their individual recovery plans and to become self-sufficient. Recovery Residence services are designed to complement the individual's outpatient or intensive outpatient treatment episode. An additional benefit of this service allows for children to accompany their parent in a safe and stable housing environment.

SBC-DBH currently contracts with three (3) recovery residence providers for the following populations: perinatal, AB 109 and CalWORKs. All three recovery residences are certified by the California Consortium of Addiction Programs Professionals (CCAP) and are monitored a minimum of once per quarter to ensure quality standards.

Upon implementation of the Waiver, SBC-DBH intends to make this service available to DMC beneficiaries who meet medical necessity for this level of service and who are engaged in SUD treatment. With the increase of beneficiaries eligible for this service it may be necessary to release an RFP to expand the list of providers who are contracted to provide this service.

- 5. Coordination with Mental Health.** How will the county coordinate mental health services for beneficiaries with co-occurring disorders? Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored? Please briefly describe the county structure for delivering SUD and mental health services. When these structures are separate, how is care coordinated?

SBC-DBH is an integrated system of care serving the community in which all persons have the opportunity to enjoy optimum wellness, whether they have experienced mental illness or a substance use disorder. The SBC-DBH strives to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families and communities. SBC-DBH provides mental health/substance use disorder services to all age groups including an array of prevention and early intervention services for both mental health and substance use disorder.

SBC-DBH's integrated system of care is overseen by an Executive Management team who reports to a single Director and Assistant Director. SUD staff and programs are imbedded in SBC-DBH system of care and adhere to one set of guiding principles for mental health and substance use disorder resulting in the success of SBC-DBH integrated system serving those with SUD/MI and co-occurring disorders.

Coordination of Mental Health Services for Beneficiaries with Co-Occurring Disorders SBC-DBH' integrated system of care consists of county-operated providers and contract agencies in the delivery of MH and SUD treatment services. Currently, SBC- DBH services are regionalized throughout the county and have imbedded SUD/MH services in each region. Following are services in full operation treating the SBC-DBH co-occurring population through imbedded mental health and SUD services:

1. Barstow Counseling Center Barstow,
CA 92311

Barstow Counseling Center (BCC) services adults and children who have an assessed co-occurring diagnosis on an outpatient basis. BCC offers outpatient and intensive outpatient for co-occurring customers in which, based on medical necessity and need, the customer can transition from lower intensity to higher intensity or vice versa. BBC is imbedded with SUD treatment and a full menu of mental health services with LPHAs to address the customer's needs.

2. Mariposa Community Counseling Ontario,
CA 91764

Mariposa Community Counseling (MCC) serves adults and children who have an assessed co-occurring diagnosis on an outpatient basis. MCC offers outpatient SUD treatment services in a location with imbedded SUD and MH services and staffs the clinic with qualified LPHAs to offer co- occurring treatment services in a setting that addresses both diagnosis' for optimum recovery.

3. Rialto Behavioral and Addition Treatment Services Rialto,
CA 92376

Rialto Behavioral and Addition Treatment Services (RBATS) serve adults and children who have an assessed co-occurring diagnosis on an outpatient basis. RBATS offers outpatient SUD treatment services in a location with imbedded SUD and MH services and staffs the clinic with qualified LPHAs to offer co-occurring treatment services in a setting that addresses both diagnosis' for optimum recovery

SBC – DBH also offers an array of services to beneficiaries through specialty services. These specialty services offer a myriad of services to identify co- occurring treatment service needs through screening, assessment(s), education, individual counseling and individualized treatment planning based on beneficiary need. Specialty services offered to co-occurring beneficiaries include, but are not limited to:

- Student Assistance Program: The Student Assistance Program (SAP) is a school-based approach to providing focused services to diverse students and their families who are in need of prevention, education and early interventions for SUDs, mental health, academic, emotional and social issues. The SAP program aims to minimize barriers to learning, support students in developing academic and personal successes, reduce suicide rates, reduce incidences of mental illness and shorten the duration of untreated illnesses. A student who is assessed as needing SUD treatment services is referred to the appropriate SUD treatment clinic for assessment and treatment options. These services are offered without billing DMC, but rather provide linkage to the beneficiary to needed DMC services.
- Child and Youth Connection: This program provides early intervention services to children and transitional age youth involved in the foster care and the juvenile justice systems. This program is a collaborative effort between a multitude of county agencies and contract CBOs. Services include mental health screenings, SUD assessments, therapeutic interventions and consultation with appropriate experts to

facilitate change in the child/youth's life.

- Transitional Age Youth (TAY): The "One Stop" Transitional Age Youth (TAY) Centers provide integrated services to the un-served, under-served and inappropriately served TAY ages 16 – 25 who are emotionally disturbed, high users of acute facilities, homeless, have co-occurring disorders, have a history of incarceration or institutionalization. An array of services is available to assist TAY in reaching their goal of independence. Services provided address employment, education opportunities, housing and community life necessary for wellness and recovery. Each TAY center has appropriately staffed LPHAs and ADCs to address the treatment needs of each customer.
- Therapeutic Alliance Program: Therapeutic Alliance Program (TAP) recognizes the frequency of co-occurring disorders in a population of customers and has established a thirty (30) bed residential co-occurring treatment program through a contract CBO to address the unique needs of that population. These services are offered without billing DMC, but rather utilize a grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Choosing Health Options to Instill Change and Empowerment (CHOICE): CHOICE is a collaborative partnership between SBC-DBH and the Probation Department to provide mental health and SUD services to qualifying customers assigned to report to a Probation Day Reporting and Reentry Service Center (DRRSCs). CHOICE staff is collocated at the DRRSCs to provide one-stop behavioral health services. In addition, SUD outpatient treatment services are provided at two of the three DRRSCs in which both locations have a current Alcohol and Other Drug certification and DMC certification through the California Department of Health Care Services. Intensive outpatient and psychiatric services are available at a centralized CHOICE clinic and access to services is coordinated through case management.
- Supervised Treatment After Release (STAR): STAR is a court-referred program that addresses mental health and SUD needs of the customers who have a serious and persistent mental illness along with repeated contact with the criminal justice system. Customers suitable for STAR participate in the program as a condition of their probation through Mental Health Court. Services include day treatment rehabilitation services, outpatient MH treatment services, intensive case management, outpatient SUD treatment services and psychiatric services. Presently STAR services are regionalized throughout San Bernardino County.
- Forensic Adolescent Services Team (FAST): FAST was created to service the behavioral health needs of adolescents who are detained in a San Bernardino County Juvenile Detention and Assessment Center (JDAC) in housed at a Probation treatment facility. Most minors experience some level of emotional distress and anxiety associated with being arrested and detained. These adolescents include those with transitional mental and emotional issues, as well as those with severe mental illness. ADCs are imbedded in the JDAC to provide in-custody adolescents with SUD education services and assess pre-release for continuing SUD services.
- Gateway Program: In 2007, Senate Bill (SB) 81 shifted responsibility for certain offenders committed for non-violent offenses from the state to counties. San Bernardino County Probation in collaboration with SBC-DBH and other county agencies developed the Gateway Program, a residential program which utilizes evidence-based assessments, treatment and evaluations in an effort to reduce recidivism. Adjunct services include medication support, mental health assessments, individual and family treatment and SUD counseling through imbedded ADCs.

Initial Coordination Requirements/Goals for SBC-DBH Providers

SBC-DBH is committed to a seamless coordination of care for beneficiaries with a co-occurring diagnosis. This seamless system will include, but not be limited to the following:

- MOU between SBC-DBH and MHPs to refer all beneficiaries with a tier I/II MH diagnosis to their MHP for coordination of care for MH diagnosis
- Contract CBOs coordinate MH services for any beneficiary identified with a co-occurring disorder with SBC-DBH (Tier III)
- Case Management services will be arranged for beneficiaries to ensure coordination and linkage to MH services
- Screening Assessment and Referral Center to assess for potential co- occurring diagnosis during the initial assessment process and link the beneficiary to the most appropriate services at intake
- Written protocol to ensure timely and seamless access to MH services

Monitoring the Coordination of Co-occurring Access

SBC-DBH provides a comprehensive monitoring process to assure adherence with federal, state and county compliance. The monitoring process will be inclusive of assuring access to appropriate mental health services for those SUD

beneficiaries who have a co-occurring diagnosis. This will be achieved by providing a random sample review of beneficiary medical records in which SBC-DBH will review the assessment(s), health questionnaires, treatment plans, individual therapeutic disciplinary notes and any other medical record documentation that may provide insight to a mental health diagnosis. If the review discloses a mental health diagnosis, SBC-DBH will review to assure proper case management/linkage to MH services.

- 6. Coordination with Physical Health.** Describe how the counties will coordinate physical health services within the waiver. Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored?

In compliance with the DMC-ODS Standard Terms and Conditions, SBC-DBH is establishing MOU's with the two County Medi-Cal managed care health plans (IEHP and Molina) that define coordination of physical health and SUD services for Medi-Cal Beneficiaries.

- IEHP's MOU was submitted for County Board of Supervisors approval December 20, 2016. Please see Addendum III: Inland Empire Health Plan, Memorandum of Understanding, and Contract No: 02 – 1323 A – 7.
- Molina's MOU was submitted for County Board of Supervisors approval December 20, 2016. Please see Molina Healthcare of California Partner Plan, Inc., Memorandum of Understanding, Contract No. 04 – 275 A – 4.

SBC-DBH has already established MOUs with the two County Medi-Cal managed care plans for the County's participation in the Cal MediConnect demonstration project for dual Medicare and Medi-Cal beneficiaries for mental health services. SBC-DBH and the two County Medi-Cal managed care plans will use the care coordination infrastructure established for the Cal MediConnect project to expand to the DMC-ODS care coordination infrastructure.

SBC-DBH has partnered with the two County Medi-Cal managed care plans to train and

bring awareness to primary care physicians regarding the SBIRT process. Once a beneficiary is identified to be at high risk for an SUD they are referred by the two County Medi-Cal managed care plans to SBC-DBH for SUD assessment and coordination to treatment services. SBC-DBH and the two County Medi-Cal managed care plans have been collaborating on SUD referrals since June 2014.

SBC-DBH coordinates with the two County Medi-Cal managed care plans to ensure that beneficiaries have access to and receives SUD services. Interdisciplinary care teams comprised of clinical personnel from the health plans and County partners meet regularly to discuss care coordination for beneficiaries with multiple co-occurring conditions. Sharing of information is conducted with patient consent in accordance with all applicable confidentiality requirements to support decisions about care coordination involving SBC-DBH and contracted SUD network providers. SBC-DBH is actively engaged in care coordination with mental health and physical health providers through the infrastructure established for the Cal MediConnect project as described above.

Consistent with DHCS licensure and DMC certification regulations, all contracted and County SUD treatment providers conduct a medical screening at admission, arrange for a physical examination as needed and include referral to physical health services as part of the SUD treatment plan. Medi-Cal beneficiaries have access to the full range of physical health services through the two County Medi-Cal managed care plans. SBC-DBH has developed a collaborative working relationship with the two County Medi-Cal managed care plans and this relationship will be critical to expanding the care coordination infrastructure for the DMC-ODS.

SBC-DBH has a long standing history of care-coordination by promoting physical health, mental health and SUD treatment, offering and participating in collaborative meetings and services designed to link all of these components together.

SBC-DBH will monitor the two Medi-Cal managed care health plans in accordance with Policy No. 0208: Alcohol and Drug Services Program Review Policy and Procedure No. 0207: Alcohol and Drug Services Program Review Procedure which state that the MOU will be monitored on a quarterly basis to ensure adherence to all terms of the MOU.

Meetings:

- Health Care Reform – SBC-DBH Staff, Managed Care Plan Staff and Contract Providers
- Joint Operation Meetings – SBC-DBH and Managed Care Plan Staff
- Health Homes – SBC-DBH and IEHP
- Care Coordination Services – IEHP and their Care Coordination Service Providers and SBC-DBH

SBC-DBH Services:

- Program for Healthy Mothers and Babies – links case managers (AOD Counselors) from SBC-DBH and SBC-Department of Public Health (Nurses) with clients to assess for necessary services and link to primary care to maintain healthy babies born drug and alcohol free.
- Perinatal SUD Treatment services – case management services are provided by treatment providers that includes transport of clients to medical appointments

- SARC case managers – links clients to needed services including primary care physicians
- Integration of physicians into County clinics – provides physical exams for entry to needed SUD treatment services
- Recovery Centers – provides Life Skills classes. SBC-DBH will expand life skills to include nutrition components as a training module and expand health conscience alcohol and drug free activities

SBC-DBH will provide overall policy and programmatic leadership for the coordination of care across physical health, mental health and SUD service systems.

7. Coordination Assistance. The following coordination elements are listed in the STCs. Based on discussions with your health plan and providers; do you anticipate substantial challenges and/or need for technical assistance with any of the following? If so, please indicate which and briefly explain the nature of the challenges you are facing.

- Comprehensive substance use, physical, and mental health screening;
- Beneficiary engagement and participation in an integrated care program as needed;
- Shared development of care plans by the beneficiary, caregivers and all providers;
- Collaborative treatment planning with managed care;
- Care coordination and effective communication among providers;
- Navigation support for patients and caregivers; and
- Facilitation and tracking of referrals between systems.

- In regards to the coordination elements listed above, SBC-DBH would welcome any technical assistance available. Although we do not anticipate any substantial challenges as we continue to work on implementing all of these elements, additional input and direction from the state is always a valuable resource.

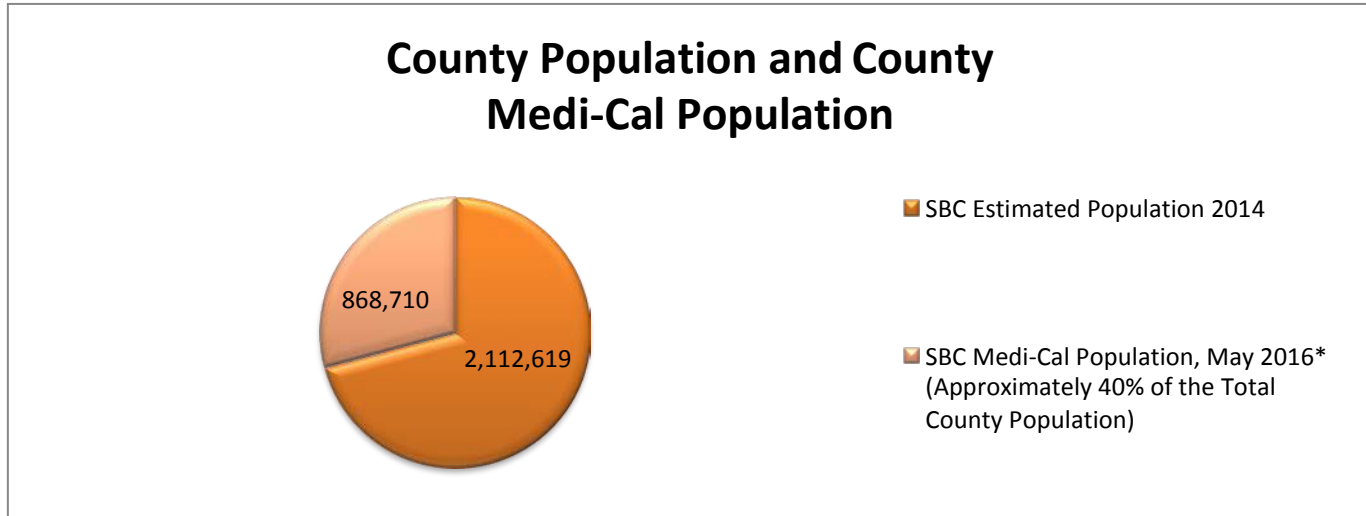
8. Availability of Services. Pursuant to 42 CFR 438.206, the pilot County must ensure availability and accessibility of adequate number and types of providers of medically necessary services. At minimum, the County must maintain and monitor a network of providers that is supported by written agreements for subcontractors and that is sufficient to provide adequate access to all services covered under this contract. In establishing and monitoring the network, describe how the County will consider the following:

- The anticipated number of Medi-Cal clients.

Please see charts on the following pages.

The following chart depicts the San Bernardino County Medi-Cal population in regards to total population:

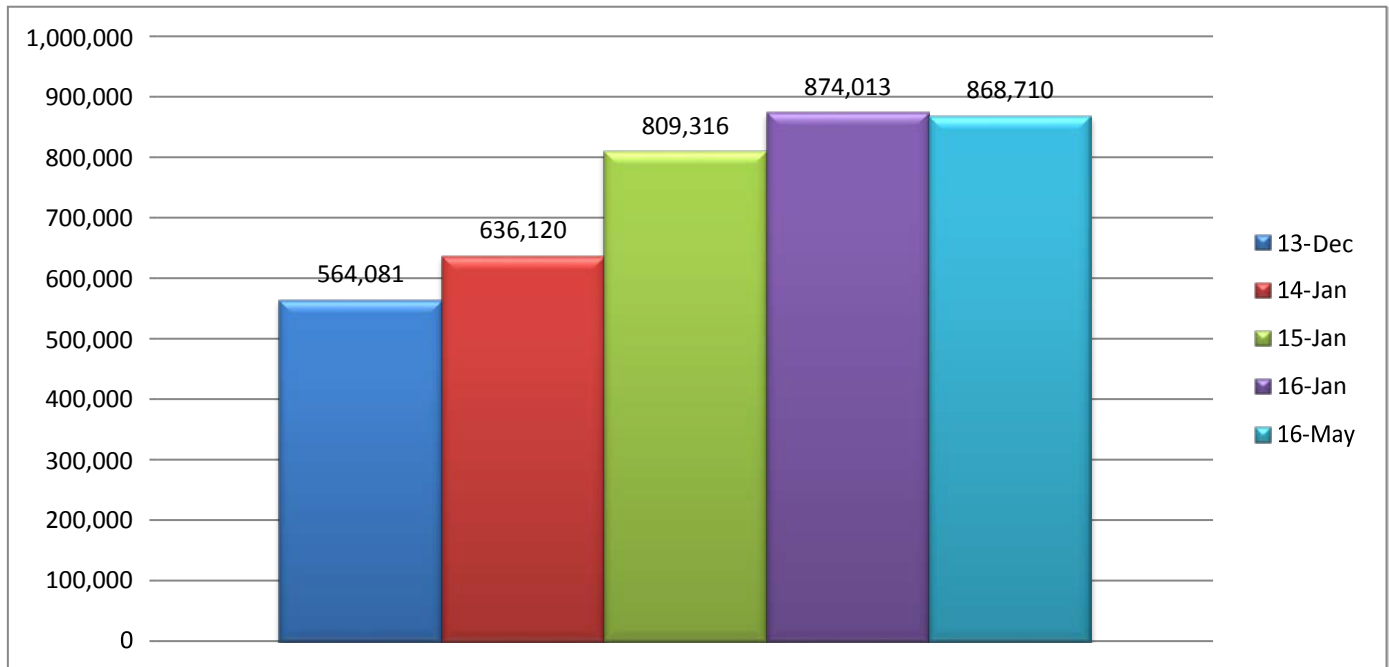
Chart 8-1



**DHCS Research and Analytic Studies Division Medi-Cal Certified Eligibles through May 2016*

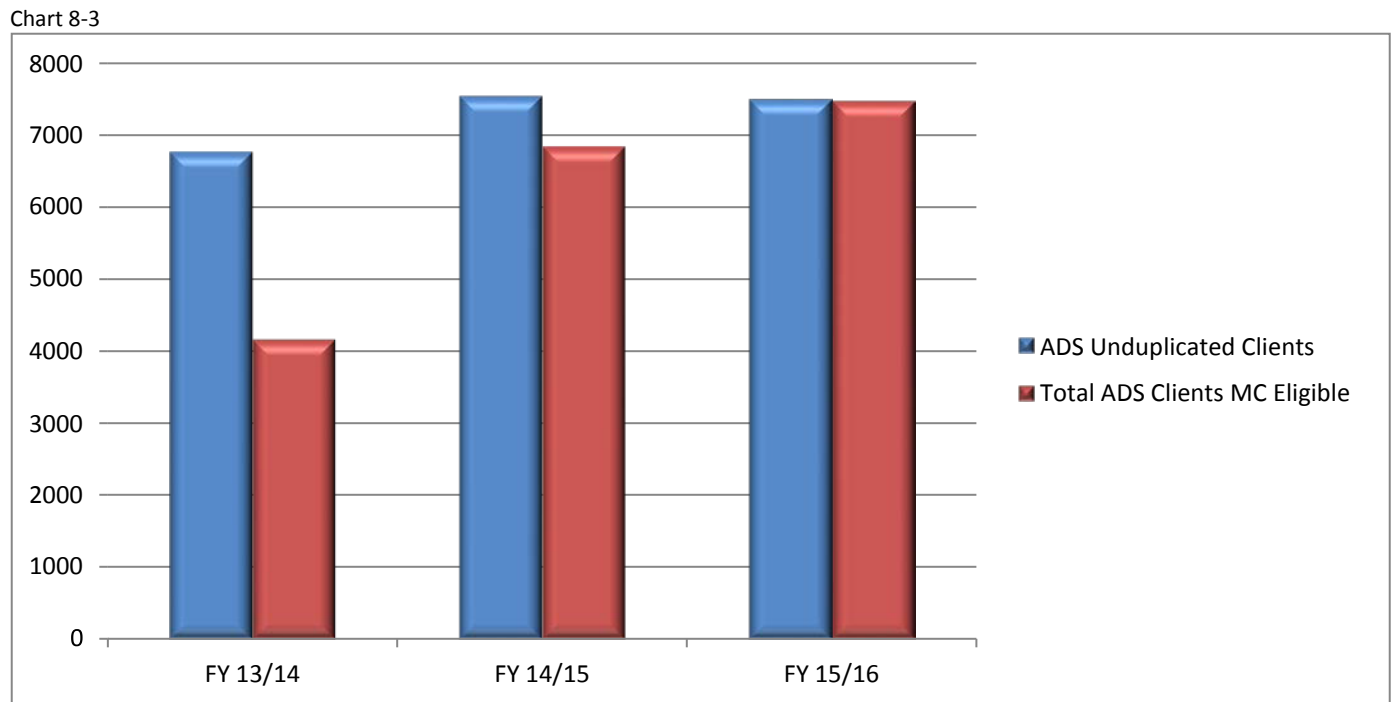
The following chart depicts the total number of Medi-Cal eligible through May 2016:

Chart 8-2

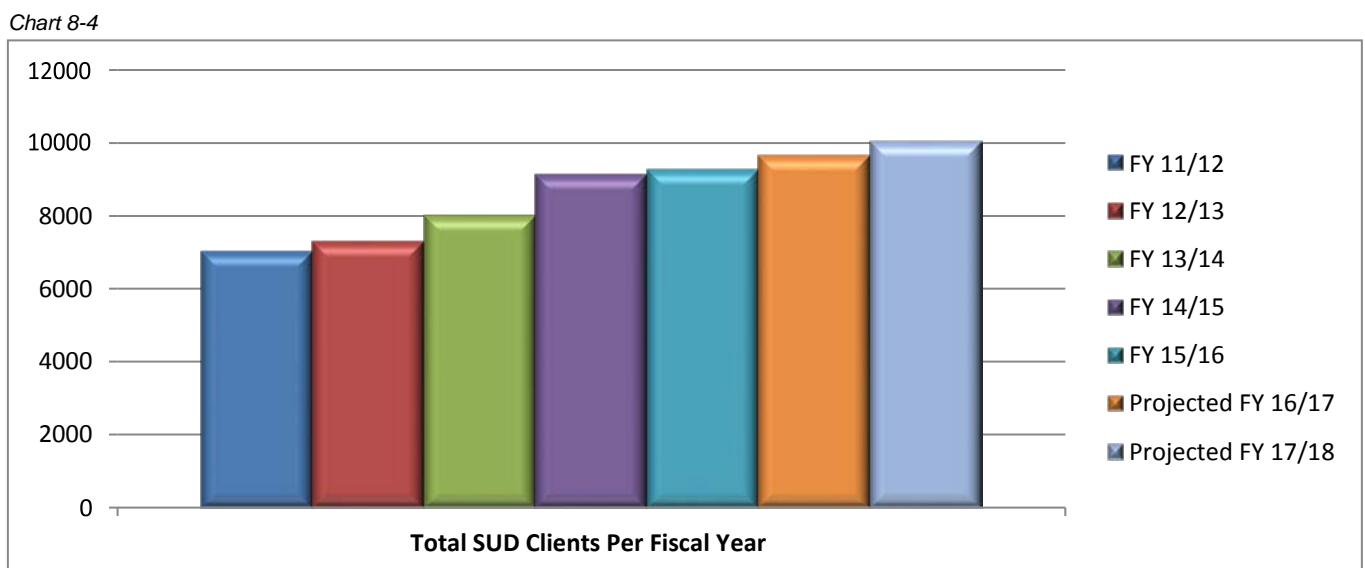


**DHCS Research and Analytic Studies Division Medi-Cal Certified Eligibles through May 2016*

The following chart depicts the total number of unduplicated ADS clients and number of ADS Medi-Cal eligible clients:



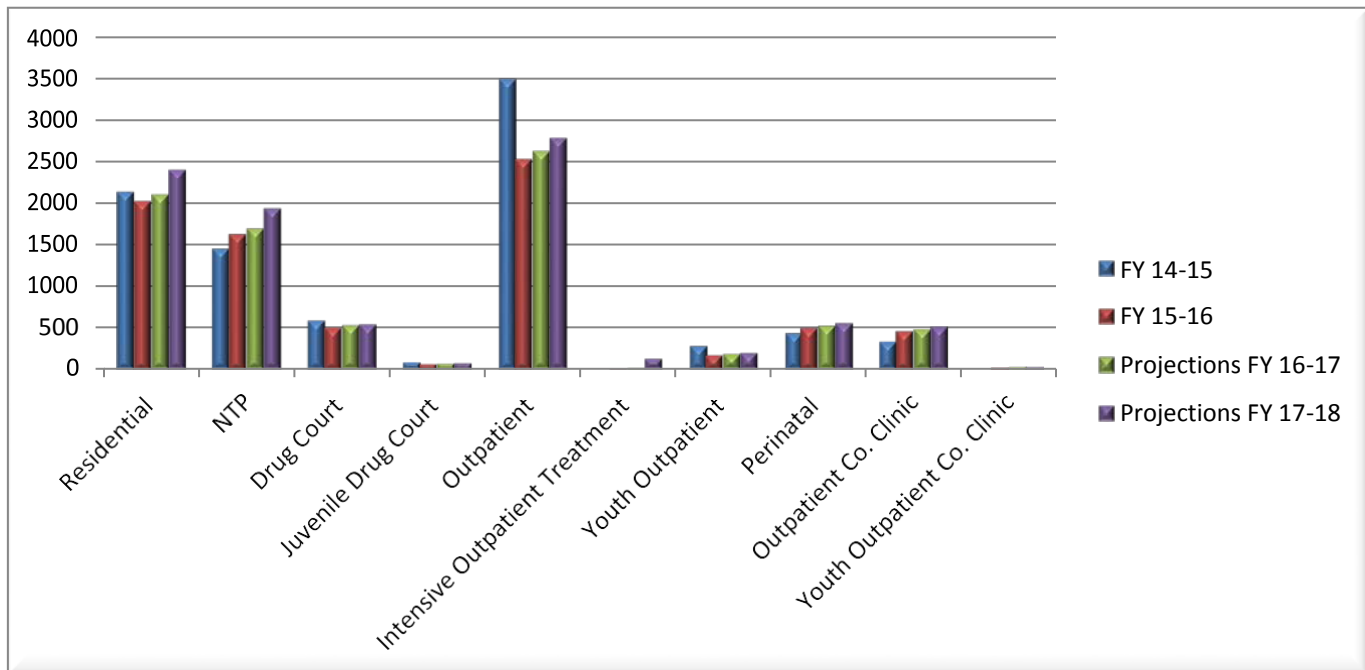
The following chart depicts the number of clients accessing SUD services per fiscal year:



The following chart depicts the projected utilization of services based on treatment modality for fiscal year 2017/18:

- Residential: estimated 2400 episodes
- NTP: estimated 1935 episodes
- Adult Drug Court: estimated 543 episodes
- Juvenile Drug Court: estimated 74 episodes
- Adult outpatient: estimated 2784 episodes
- Intensive outpatient: estimated 130 episodes
- Youth outpatient: estimated 200 episodes
- Perinatal intensive outpatient: estimated 558 episodes
- Outpatient county operated clinic: estimated 515 episodes
- Youth outpatient county operated clinic: estimated 30 episodes

Chart 8-5



- The numbers and types of providers required to furnish the contracted Medi-Cal services. SBC-DBH has assessed the need for DMC-ODS services and identified the following:

All of the following providers will provide Medi-Cal Services:

DBH Clinics

6 locations for ODF services and one provider currently piloting IOT services, all SBC-DBH County clinics will be phased in and providing IOT services by 2017.

Contracted Withdrawal Management Programs

4 providers (total of 5 locations) (See Residential Treatment below)

Contracted Residential Programs 5 providers (total of 7 locations) SBC-DBH has increased funding and purchased additional Residential treatment slots in anticipation of the DMC-ODS implementation which will meet the current need, but SBC-DBH has determined additional treatment capacity may be necessary, therefore SBC-DBH has begun the process of issuing an “open” Request for Qualification (RFQ) which will allow an agency interested in obtaining a County contract to submit a proposal for Residential Treatment and/or Withdrawal Management to be evaluated and possibly awarded a contract if it fulfills the needs of SBC-DBH. SBC-DBH will continue to monitor utilization of services and procure additional providers and locations as necessary.

Contracted ODF

SBC-DBH is currently completing the procurement process for ODF services and will have one new provider for a total of 15 locations effective July 1, 2017. SBC-DBH has traditionally not exceeded capacity in ODF services; with the addition of a new provider and three new locations SBC-DBH has determined there will be sufficient capacity to meet expected utilization of services. SBC-DBH will continue to monitor utilization of services and will procure for additional providers and locations as necessary.

Contracted NTP Programs

2 providers – 5 locations

SBC-DBH is currently working with one of the contracted NTP providers to open a 6th location with an estimated opening date of December 2017. The provider is currently in the process of receiving licensure, CUP, and other local needs.

SBC-DBH will be adding to additional locations from the same provider network effective July 1, 2017. The two additional locations are located in a neighboring county in which it has been determined that SBC-DBH beneficiaries may need to access due to personal needs that make those two clinics most convenient for the beneficiary to access.

- A demonstration of how the current network of providers compares to the expected utilization by service type.

In 2012, the Department of Health Care Services (DHCS) estimated the rate of need across the state. They estimated 7.56% of those living at 200% of the federal poverty level or below in San Bernardino County would need substance use disorder treatment in a given year. This translates to about 63,277 people in 2012. This number far exceeds the number of residents who actually received SUD treatment by DBH in FY 2015/16 which is approximately over 9,200 Adult/Youth clients.

Patterns of service utilization in the DMC-ODS are expected to be similar to patterns of service utilization in the current system of care (i.e., the percentage of total treatment admissions to a particular DMC-ODS treatment modality is expected to be similar to the percentage of treatment admissions to that modality in 2015/16), except where funding shortfalls have resulted in restrictions in the level or duration of care, and where new services available under the DMC-ODS are being implemented that are not currently available in the DBH system of care. In 2015/16, there were 7504 unduplicated clients who accounted for a total of 9,143 admissions to SUD treatment services, for an average of 1.21 admissions per unduplicated client. Of these unduplicated clients, over 99% (7464 clients) were Medi-Cal beneficiaries.

Withdrawal management (detoxification): Withdrawal Management length of stay is not expected to change in the DMC-ODS. Currently, length of stay is determined by a thorough assessment utilizing American Society of Addiction Medicine (ASAM) criteria where a comprehensive assessment is conducted to determine withdrawal symptoms. While the beneficiary is engaged in withdrawal management, a continuous assessment is conducted where the beneficiary's withdrawal symptoms are evaluated. Once it is determined medically appropriate, the beneficiary will be placed in the proper level of treatment within the continuum of care and based on ASAM criteria.

Residential treatment services: Historically, funding shortfalls have resulted in restrictions on level of care placements and restrictions on the length of stay that is authorized. It is estimated that authorization of residential treatment services that is based on ASAM criteria rather than availability of funding will increase residential treatment utilization. Medi-Cal service rates are expected to increase in FY 17-18 as a result of enhanced access to appropriate services brought about by waiver system changes. DBH anticipates greater capacity investments will be needed in residential, perinatal residential and youth residential bed capacity in the years following implementation of DMC-ODS waiver services in San Bernardino County. DBH will monitor service utilization trends carefully, and add additional capacity through contract augmentation in this modality as actual utilization

patterns necessitate.

Outpatient and intensive outpatient services: The average length of stay is not expected to change in the DMC-ODS. It is projected that providers will be able to expand service capacity to accommodate increased demand.

Narcotic treatment programs (methadone maintenance): Methadone maintenance is a current DMC benefit and the local methadone programs have recently expanded with the January 2014 implementation of expanded, income-based eligibility for Medi-Cal (i.e., modified adjusted gross income Medi-Cal). It is projected that providers will be able to expand service capacity to accommodate increased demand within existing licensed NTP clinics.

Recovery services: Recovery services are needed by clients who complete outpatient and intensive outpatient treatment services, and by those residential treatment clients who do not transition to outpatient or intensive outpatient after completing residential treatment.

Case management: Access to case management services has been restricted by the availability of funding. Apart from the referrals to ancillary services and referrals to step down/step up SUD treatment that are made available during a treatment episode provided by SUD contractors, most clients receive very little case management. For those clients who do participate in formal case management, funding restrictions result in some clients receiving only assessment and active support to enter treatment, while other clients receive ongoing monitoring and support from their case manager over the course of treatment. For those clients who receive ongoing case management, the intensity of the case management is increased or decreased depending on the client's level of need over time.

Physician consultation services: Will be a new service in San Bernardino County.

Additional Medication Assisted Treatment: Will be a new service in San Bernardino County.

- Hours of operation of providers.

DBH will be phasing in additional hours of operation for implementation year 2 for contract providers of ODF and IOT services and modifying contracts to reflect changes.

Clinic Hours of Operation:

DBH Clinics

6 locations for ODF services and one provider is piloting IOT services.

M-F 8am-5pm

Contracted Withdrawal Management Programs

4 providers (total of 5 locations): 24 hours a day, 7 days a week

Contracted Residential Programs

5 providers (total of 7 locations): 24 hours a day, 7 days a week

Contracted ODF

7 providers (total of 12 locations): M-F 8am-5pm,

*All ODF providers have been certified for IOT services which will be phased in 2017.

Contracted NTP Programs

2 providers:

Same provider 2 sites: M-F 5am-1:30pm Weekends/Holidays
5/6am-9/10am

1 site: M-F 5am-3:30pm, Weekends/Holidays 7am-10am

- Language capability for the county threshold languages provided by bilingual staff and contracted interpretation services.

Translation services are available to serve clients at DBH Clinics.

DBH contracted providers are obligated by contract to provide services to clients in their primary language through bilingual staff and/or interpretation services.

- Specified access standards and timeliness requirements, including number of days to first face-to-face visit after initial contact and first DMC-ODS treatment service, timeliness of services for urgent conditions and access afterhours care, and frequency of follow-up appointments in accordance with individualized treatment plans.

There is no-wrong door for entry to services; clients can seek services at the provider location, the Screening Assessment and Referral Center or via the Access toll-free telephone line. Clients are seen the same day, or within 24 hours after initial contact. The Screening Assessment and Referral Center offers walk-in appointments, pre-scheduled appointments and phone screenings. The Access telephone line answers inquiries and requests in the SBC-DBH threshold languages of English and Spanish and

is ADA TTY compliant. The toll-free Access telephone line can be utilized to acquire general information about services, locations, and phone numbers and clinic locations. Clients seeking treatment and screening will be transferred to a clinician to access services.

Frequency of follow up appointments will be determined at initial appointment with the beneficiary and upon completion of the ASAM assessment. The frequency will be provided in an individualized treatment plan which will be developed with the beneficiary input and may indicate the frequency as often as weekly to at least one time per month.

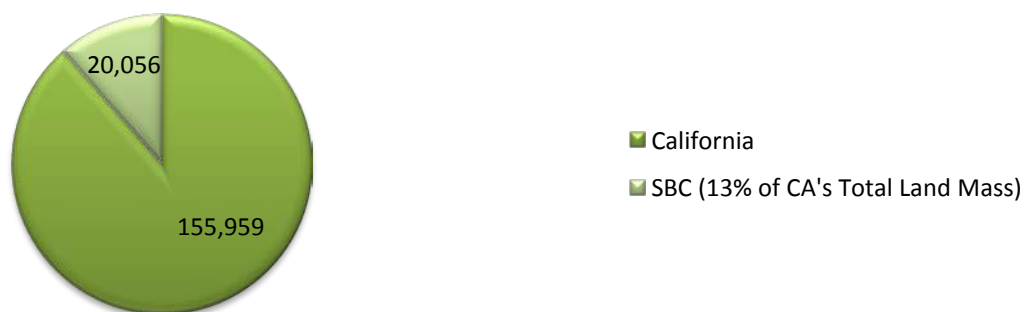
- The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities

San Bernardino is the largest county by area in California and the largest in the United States (excluding boroughs in Alaska), more than three-quarters (80%) of San Bernardino County is vacant land and another 15% of the land is used for military purposes.

The diversity of urban centers, suburban cities, rural mountain and desert regions, and remote communities present unusual challenges for meeting the needs of its San Bernardino County residents.

Chart 8-5

Land Mass Comparison (Sq. Miles)



Consumers with disabilities have access to all ADA compliant County clinics and contract providers. DBH conducted an ADA assessment of all service providers in 2016 and will do so every 5 years to ensure all providers remain compliant of ADA standards and remain accessible to all DBH clients. Additionally, providers are contractually compelled to adhere to ADA guidelines and CLAS standards and are monitored annually by DBH for compliance.

DBH through case management services will aid consumers with disabilities and transportation difficulties in accessing primary care, mental health treatment, and substance use disorder treatment by guiding and teaching to use community resources such as public transit operators.

Public Transit Operators;

- Morongo Basin Transit Authority - The Morongo Basin Transit Authority transports nearly 143,000 passengers each year in the City of Twentynine Palms, Town of Yucca Valley and the unincorporated communities of Joshua Tree, Landers, Flamingo Heights, and Yucca Mesa.
- Mountain Area Regional Transit Authority - Serving the communities of Crestline, Lake Arrowhead, Running Springs, and Big Bear Lake, the Mountain Area Regional Transit Authority provides service for more than 163,000 passengers each year.
- Needles Area Transit - The City of Needles administers the Needles Area Transit (NAT) and a dial-a-ride program for seniors and persons with disabilities. The NAT system transports approximately 34,000 riders each year.
- Omnitrans - is the public transit agency serving the San Bernardino valley region. This operator carries approximately 16 million passengers each year throughout its service area. In addition to regular bus operations, Omnitrans offers its Access service for individuals with disabilities and its dial-a-ride service for residents of Yucaipa.
- Valley Transportation Services (VTrans) - VTrans is a not-for-profit Consolidated Transportation Services Agency dedicated to improving mobility for seniors, disabled, and persons of low income. VTrans currently operates programs in the San Bernardino Valley area, including one on one or group Travel Training. VTrans is also a project sponsor for a variety of other human service transportation programs, such as volunteer driver mileage reimbursement programs and agency directly provided trips.
- Victor Valley Transit Authority (VVTA) is a public transit agency and Consolidated Transportation Services Agency (CTSA), providing bus, ADA paratransit, and vanpool service to California's High Desert. VVTA's service area spans nearly

1,000 square miles, featuring service to Adelanto, Apple Valley, Barstow, Hesperia, Needles, Victorville and unincorporated San Bernardino County, including Daggett, Helendale, Hinkley, Lucerne Valley, Newberry Springs, Oak Hills, Oro Grande, Phelan, Pinon Hills, Wrightwood, and Yermo. Commuter service to Fort Irwin National Training Center (NTC) and connecting service from the High Desert to the Inland Empire is also provided.

- Foothill Transit Agency - provides transit service to residents in Montclair and the Pomona and San Gabriel valleys. It is the second largest fixed route system in Los Angeles County.

When these types of transportation services are not sufficient DBH Case Managers and Care Coordination and contract provider staff also have the ability to transport consumers for linkage to medical appointments, SUD services and MH treatment needs, and other vital services for a successful treatment episode.

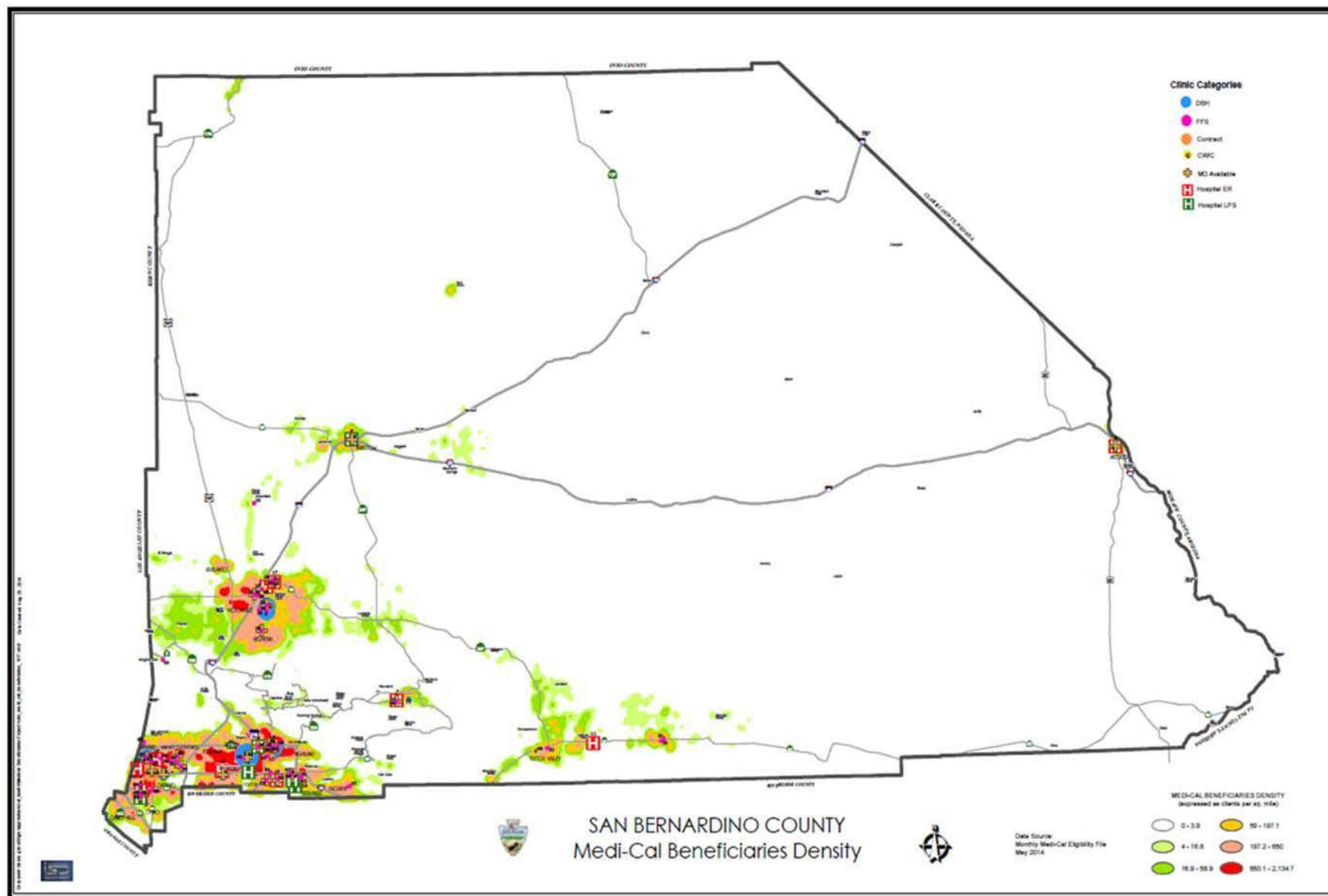
Clients seeking treatment who are in need of transportation services will be assisted by DBH Case Managers and Care Coordination and contract provider staff to assist in removing this barrier to successful treatment episodes.

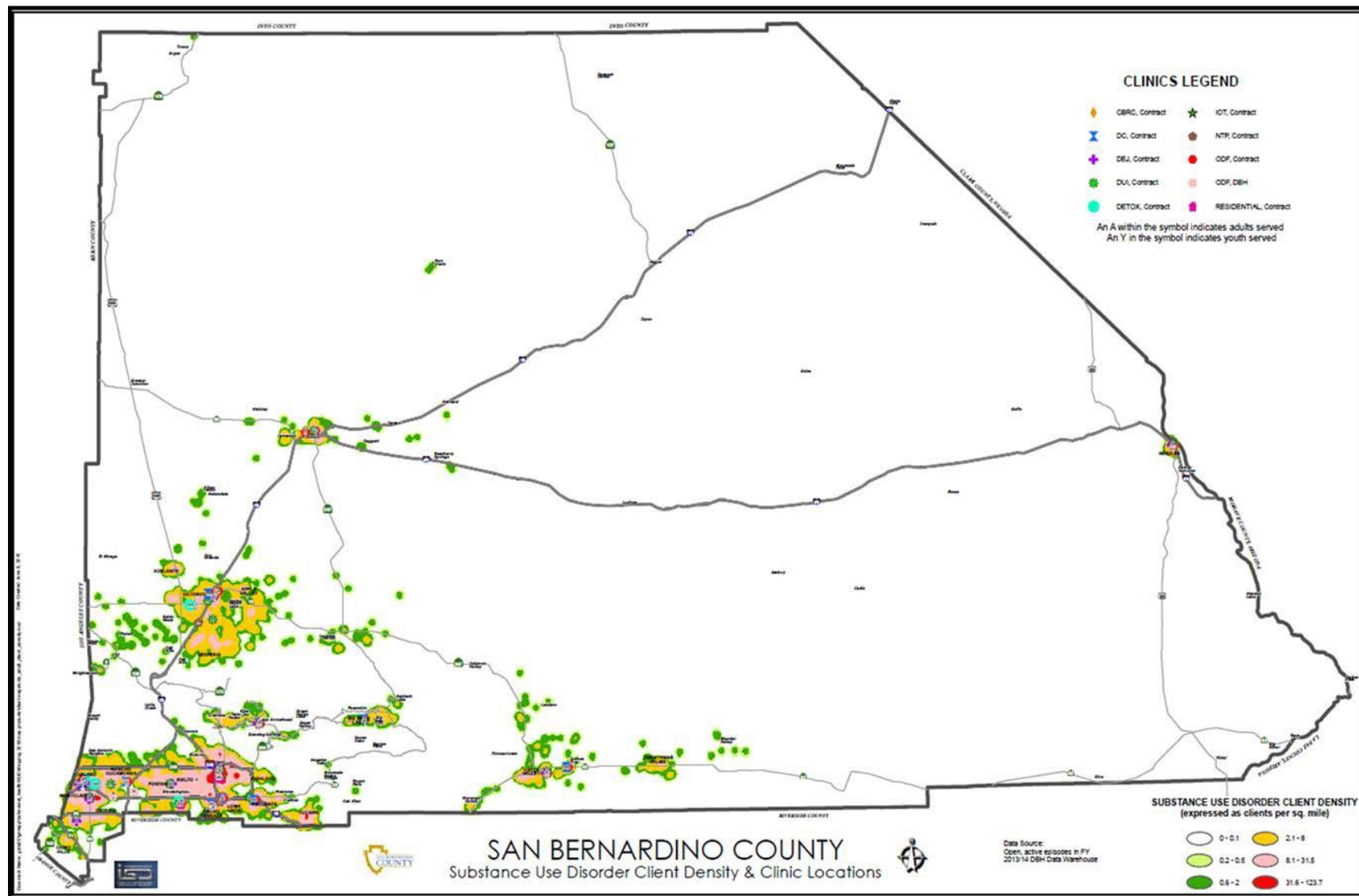
Travel timeframes for beneficiaries to access NTP services vary with the maximum travel time of forty-five (45) minutes. Additionally, many individuals who receive NTP services travel out of the area of residence to receive services based on their employment location. Therefore, they may receive NTP services at a location based on their convenience around their daily schedule and not necessarily based on their residence.

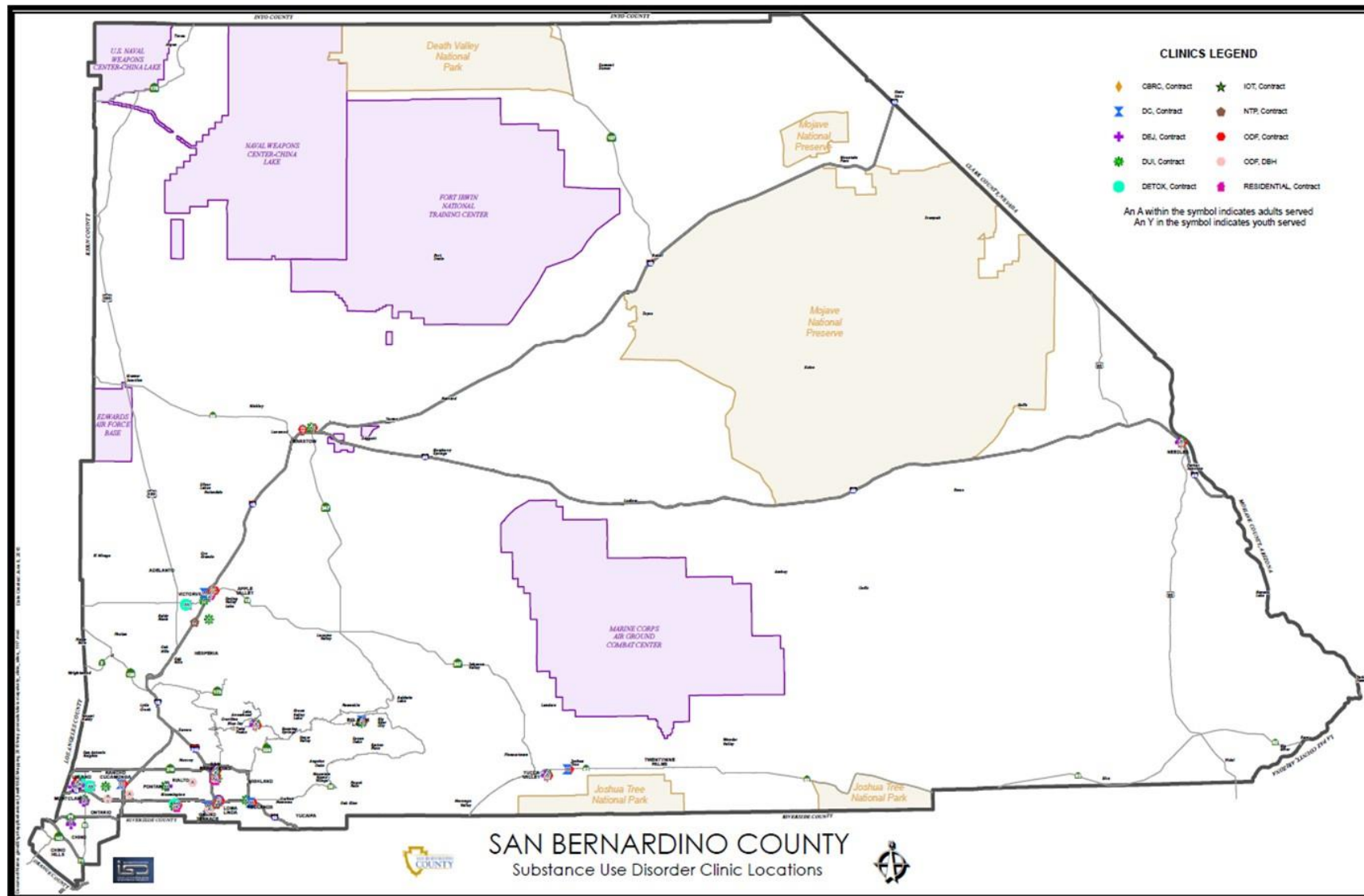
The maximum travel time shall not exceed thirty (30) minutes to receive necessary services or 1 to 2 hours by public transportation. Most beneficiaries will be referred to treatment locations within a 10 to 20-mile distance from their residence. Transportation is measured by the personal or public transportation to and from the beneficiary's residence. In some outlying, semi-rural and remote areas of the county, such as the unincorporated areas of the Morongo Basin, the low population density may make this criterion extremely difficult to meet, particularly if reliant upon public transportation. In such cases, every effort will be made to accommodate the beneficiary via timely, professional and linguistically appropriate Telehealth options. Telehealth will be in place on day one. These options will also be considered for adoption after the initial twelve-month implementation period as a way to expand access to services for beneficiaries with transportation, cultural or linguistic challenges.

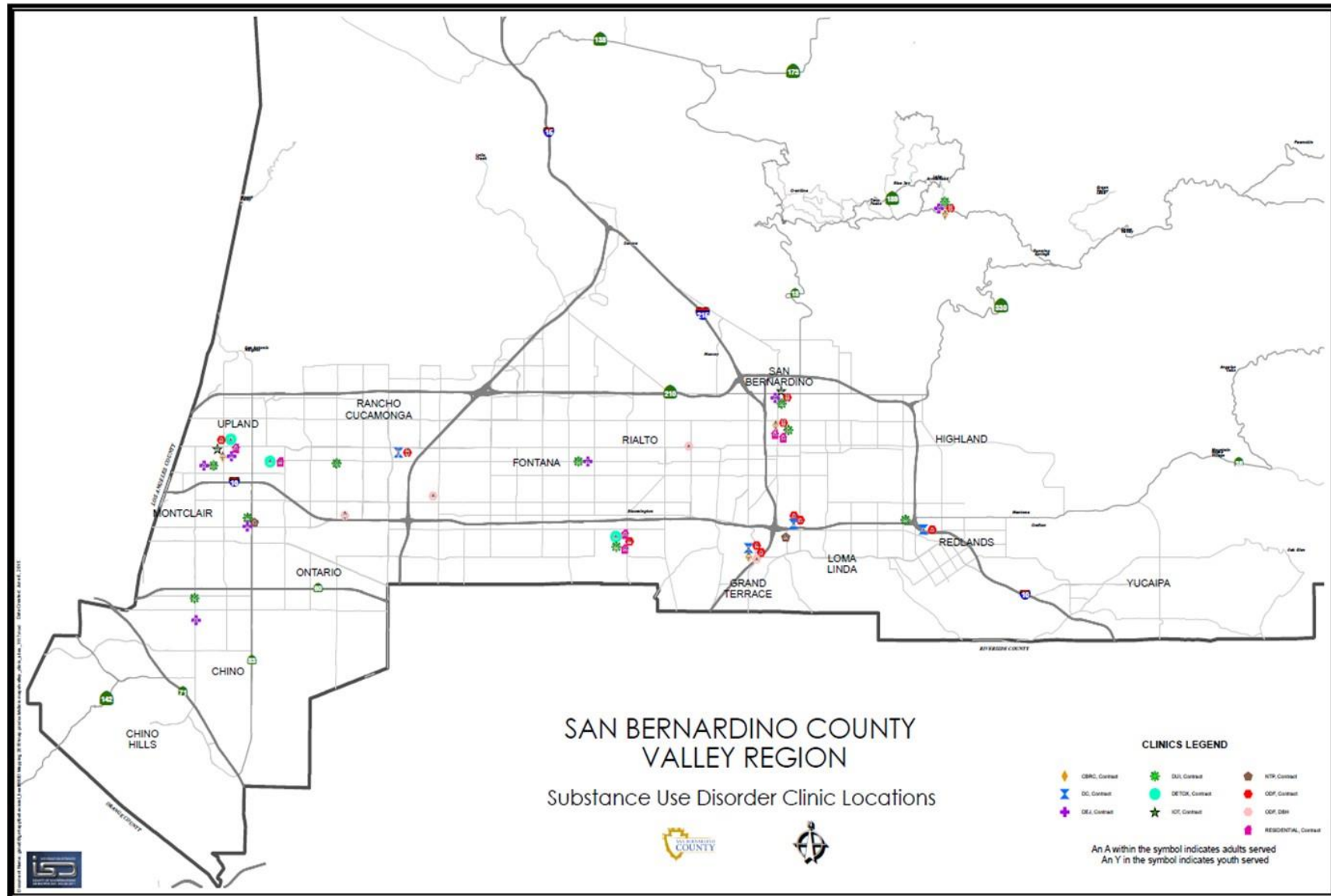
Additionally, SBC-DBH is in active communication with our current NTP providers to regarding the option of utilizing mobile medication units to mitigate the travel time of beneficiaries in the more rural areas of the county.

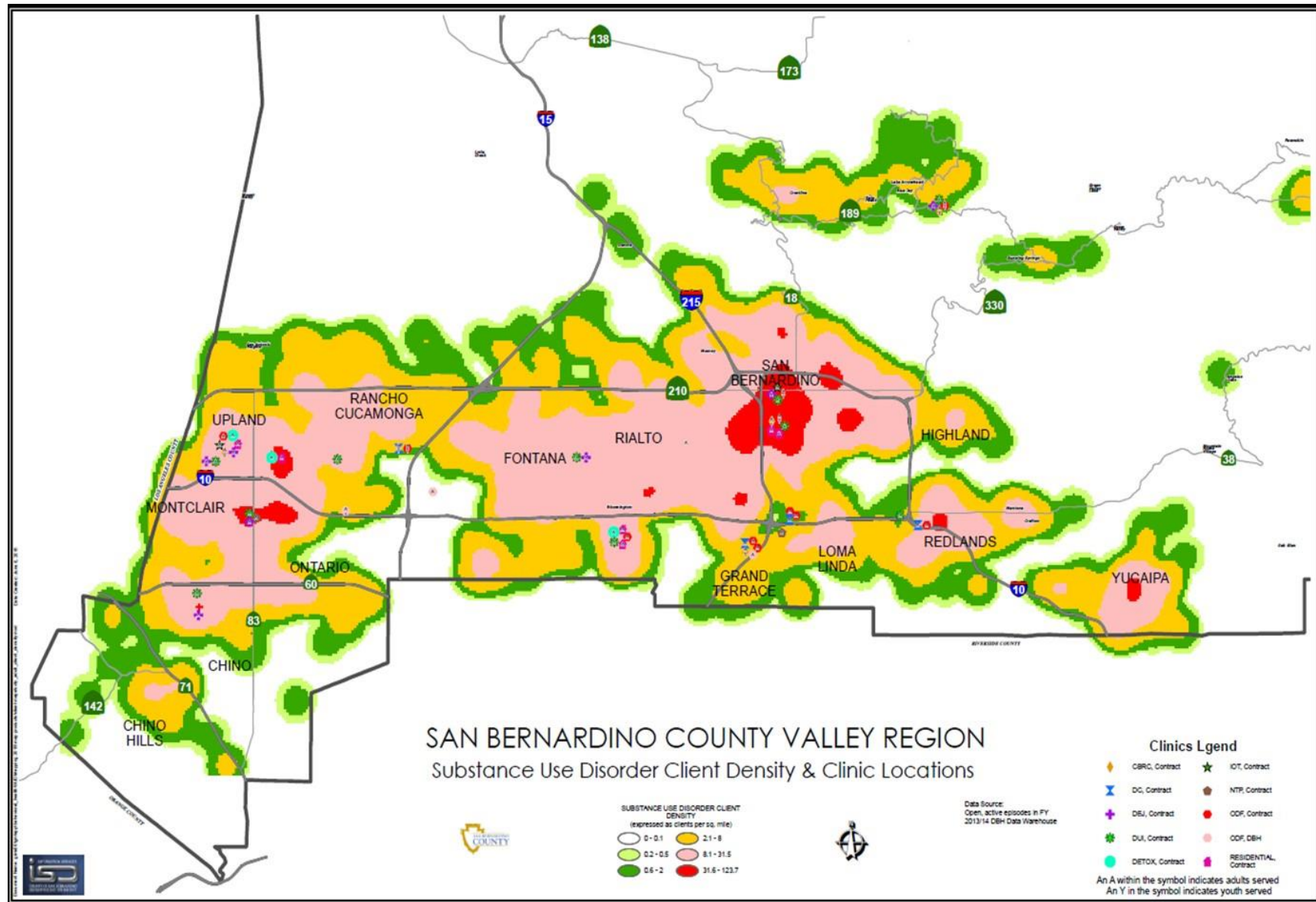
An evaluation of where the Medi-Cal population resides, SUD clients are located and where SUD treatment facilities are located is indicated on the following maps.

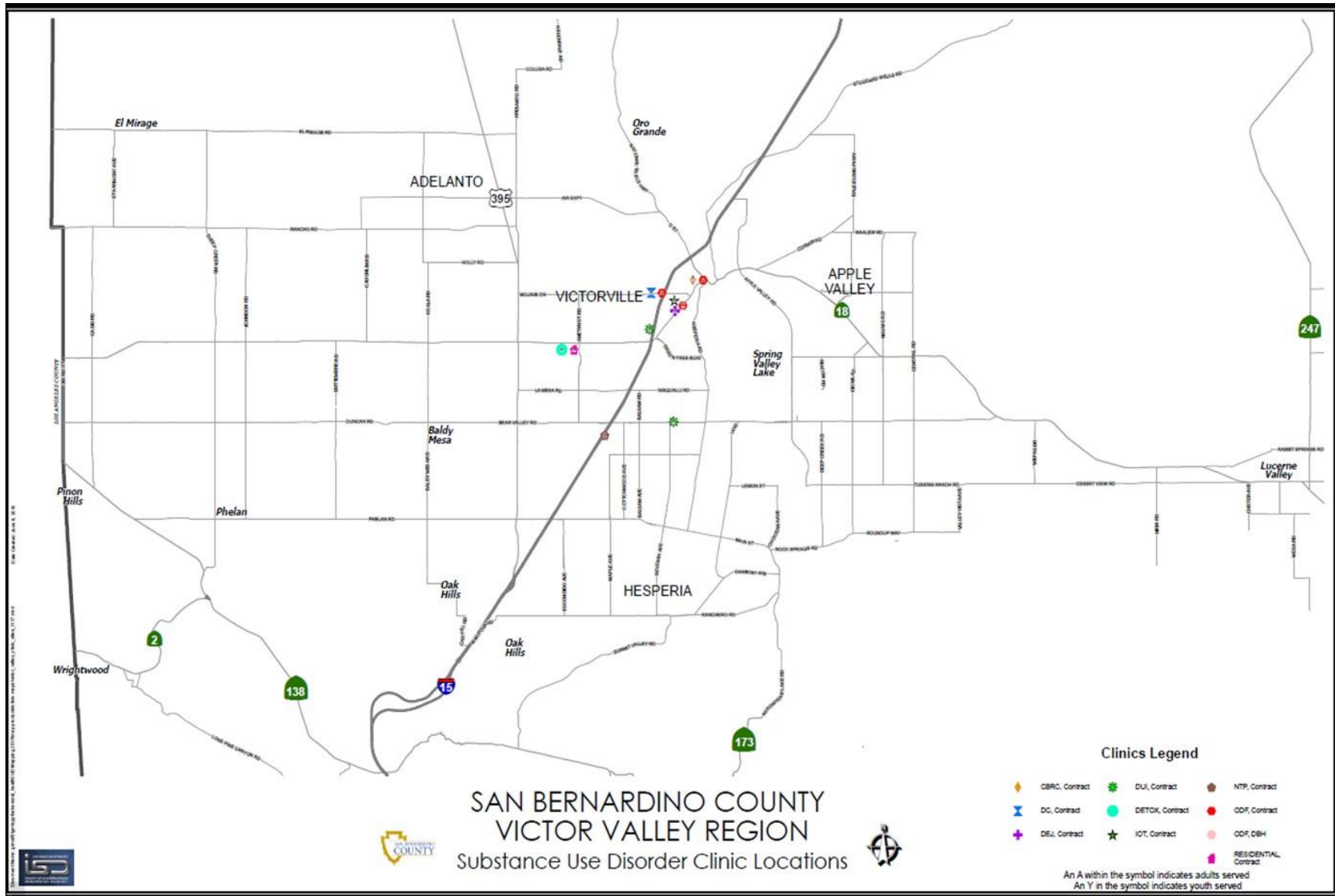


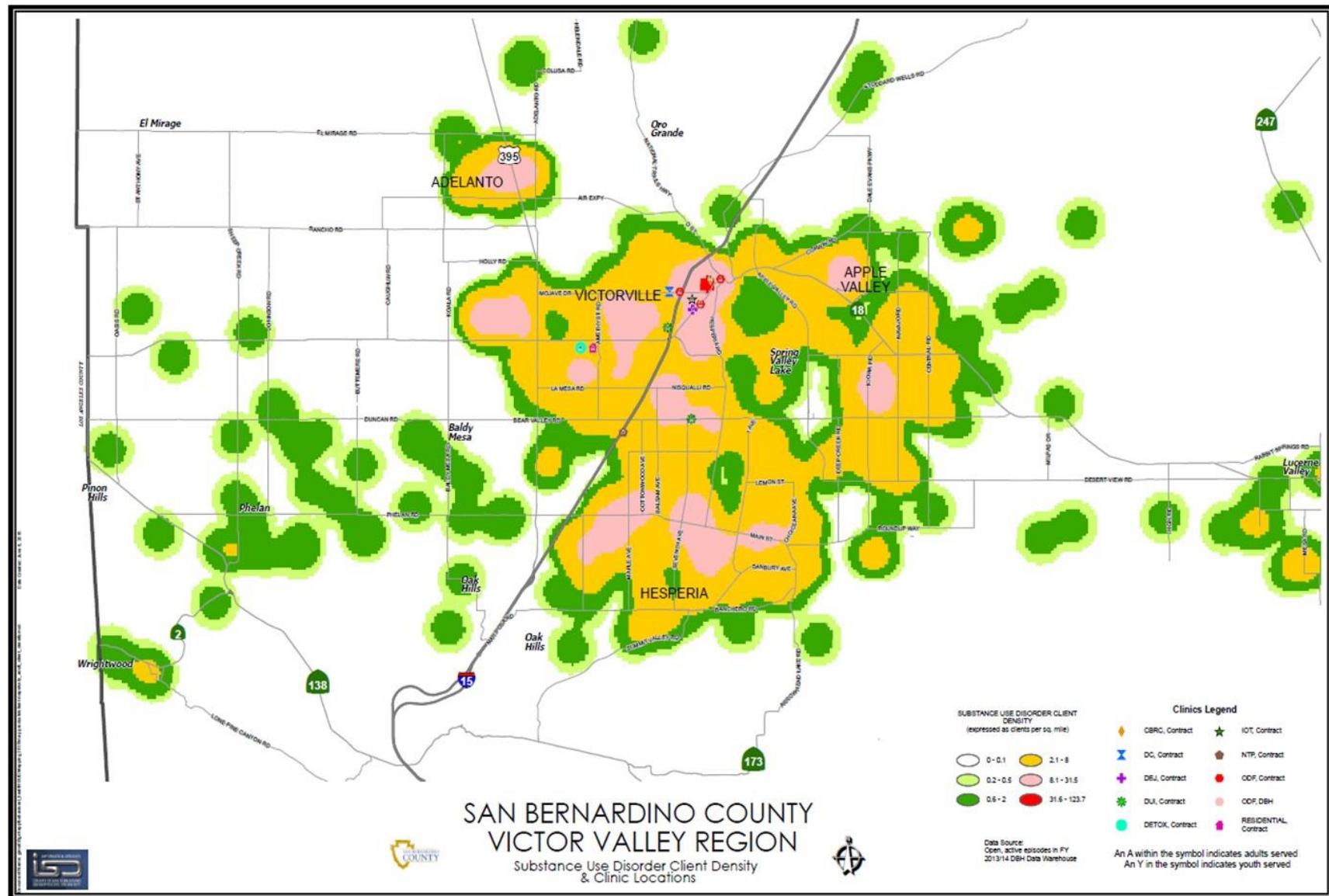


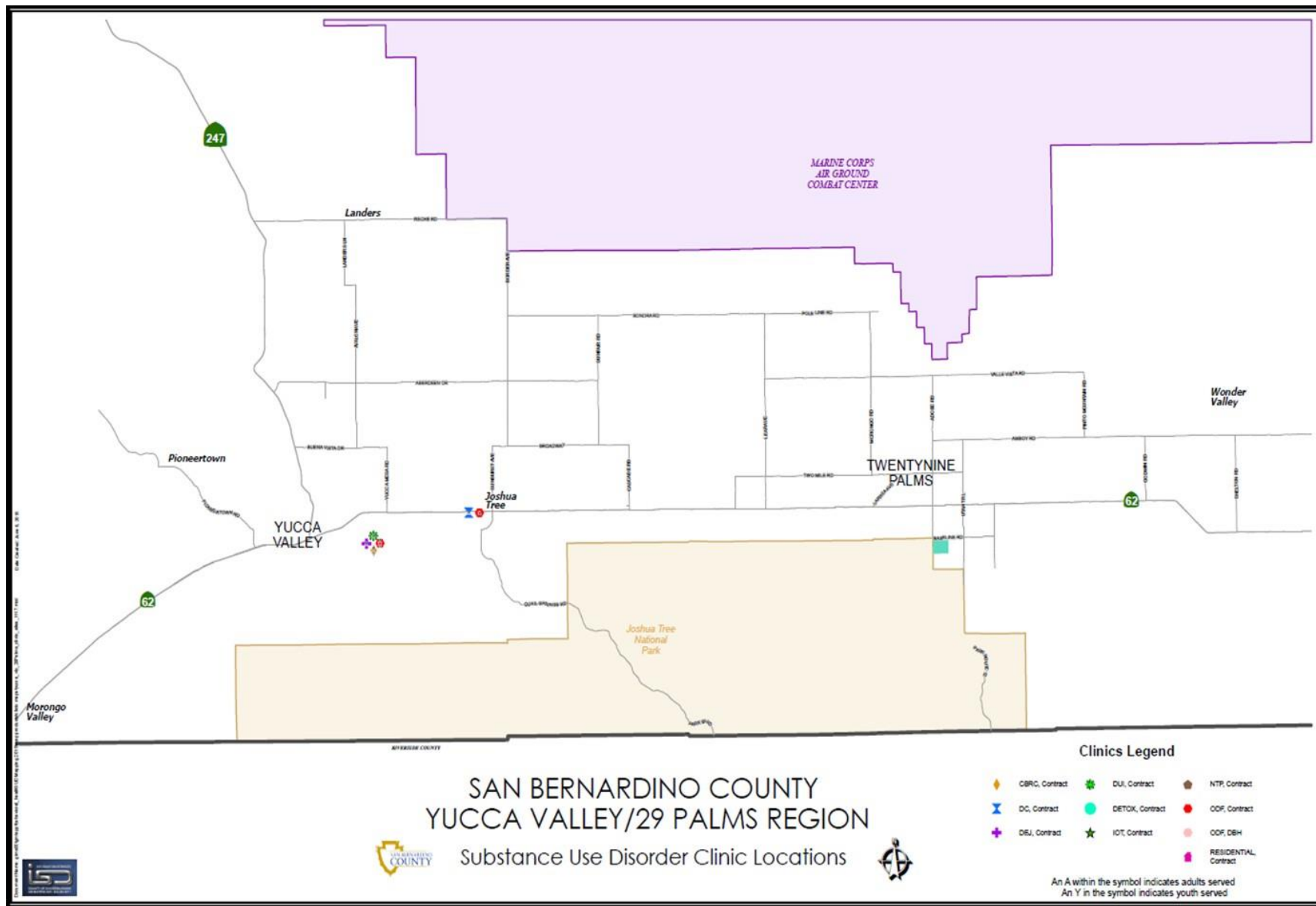


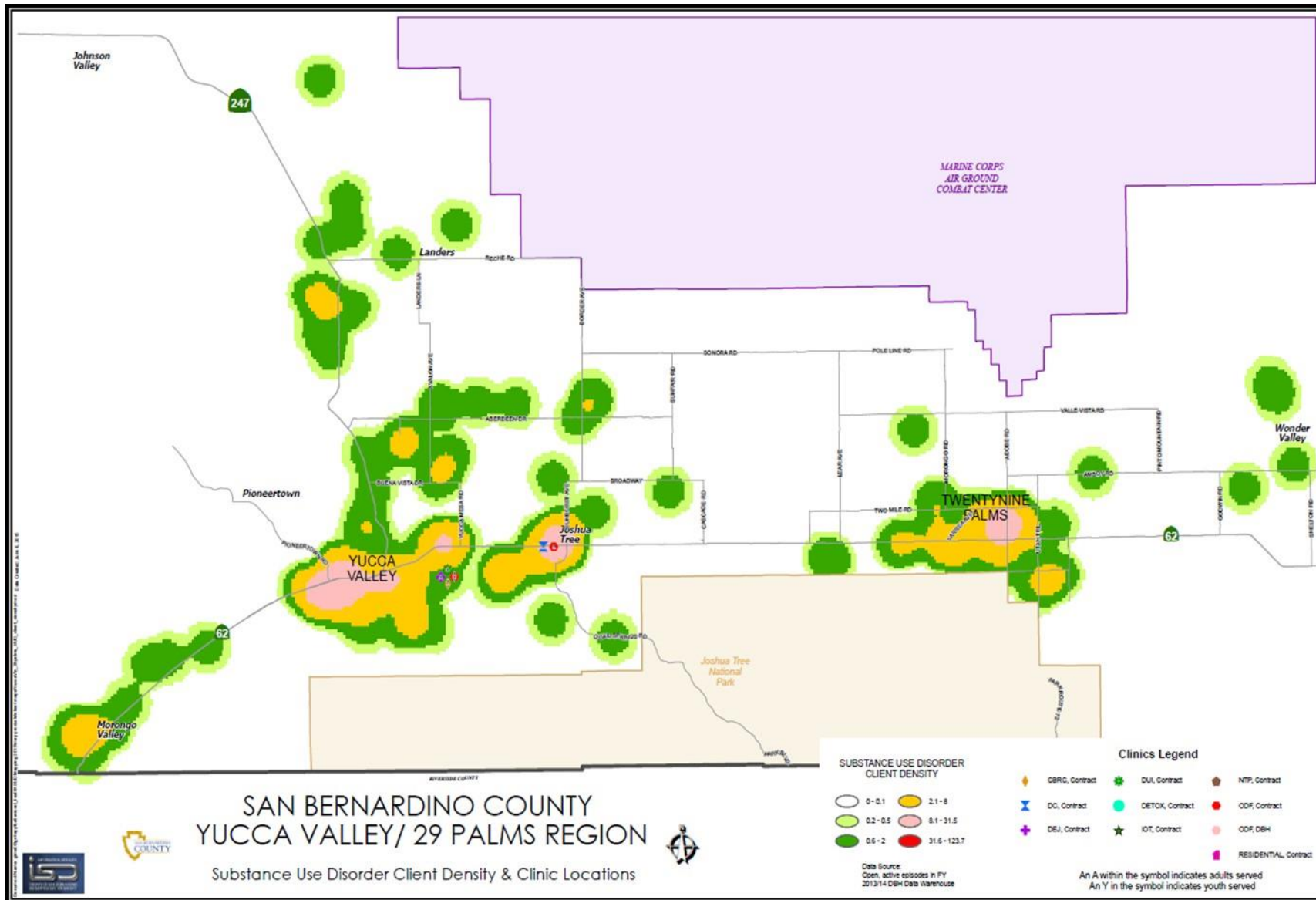












- How will the county address service gaps, including access to MAT services?

DBH is prepared to procure services for additional residential, withdrawal management providers who can provide additional treatment services, and Transitional Housing providers, and will enhance other services and contracts as needed.

For additional MAT services, DBH has been in discussion with contract NTP providers to enhance and expand their MAT services and contracts will be modified for those interested in providing additional or enhanced MAT services.

DBH has also been in conversation with contract providers who provide other modalities of services to add MAT services to their programs and contracts will be modified for those interested in providing MAT services.

- As an appendix document, please include a list of network providers indicating, if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the populations they treat (i.e., adolescent, adult, perinatal).

9. Access to Services. In accordance with 42 CFR 438.206, describe how the County will assure the following:

- Meet and require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.
- Require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal patients.
- Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.
- Establish mechanisms to ensure that network providers comply with the timely access requirements.
- Monitor network providers regularly to determine compliance with timely access requirements.
- Take corrective action if there is a failure to comply with timely access requirements.

SBC-DBH will ensure providers meet timely access to care and services through a variety of mechanisms that are currently in place, including the quarterly

Substance Abuse Provider Network (SAPN) meetings; contractual language and quarterly Quality Assurance Reviews (QARs) conducted by SBC-DBH Substance Abuse Program Coordinators.

Quarterly SAPN meetings provide an opportunity for SBC-DBH staff and contracted provider staff to network and exchange ideas to improve the system of SUD treatment in our county. This meeting also serves as ideal opportunity for SBC-DBH staff to provide technical assistance regarding contractual obligations with contracted providers which will include the timeliness of services standards for DMC ODS standards to include, but not be limited to:

- All providers are to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal patients
- All providers must make services available to beneficiaries 24 hours a day, 7 days a week when medically necessary

SBC-DBH will adhere to the California Department of Managed Care timely access to care standards to include the following timeframes for beneficiary's access services:

- After the initial screening/assessment with SBC-DBH staff and appropriate determination of level of care for outpatient services, staff will assist the beneficiary with scheduling the intake appointment with the provider. Non-urgent appointments will be scheduled as soon as possible but no later than 10 days after the initial screening/assessment.
- For beneficiaries with urgent needs, SBC-DBH will make every effort to ensure services will be provided within 24 hours of the initial screening/assessment. A case manager will automatically be assigned to provide supportive services to these beneficiaries to assist with treatment entry and throughout their passage in the SBC-DBH continuum of care.
- Beneficiaries will be provided access to after-hours care via a 24/7 dedicated toll-free phone line with on-call staff. Phone staff will have threshold language capability to meet the needs of the county.

Additionally, SBC-DBH Program Coordinators conduct QARs with all treatment providers. These reviews focus on adherence to federal and state regulatory requirements; county contractual requirements and client care. With the implementation of the Waiver, the monitoring tool used during the QARs will be revised to include provider adherence to all regulations in the County-State Agreement including all aspects regarding the provider's ability to provide services in accordance with the timeliness of services as detailed in this section. Providers who are not in compliance will be provided extensive technical assistance and will

be required to submit corrective action plans detailing how they will come in to compliance with this requirement.

- 10. Training Provided.** What training will be offered to providers chosen to participate in the waiver? How often will training be provided? Are there training topics that the county wants to provide but needs assistance?

Review Note: Include the frequency of training and whether it is required or optional.

SBC-DBH provides a myriad of training opportunities on an ongoing basis throughout each year to meet the needs of county-operated and contracted substance use disorder treatment providers in the delivery of SUD and co-occurring treatment services. SBC-DBH coordinates all trainings, whether required or optional, through the SBC-DBH Workforce Education and Training Division (WET). WET has policies to meet training needs of the department. The policies include, but are not limited to the following:

- Trainings are provided to assist DBH employees/contracted employees/volunteers to meet training and licensing requirements
- Trainings are designed to ensure the DBH workforces' ability to provide quality of care and culturally/linguistically competent services to the community
- Trainings are provided to meet the requirements of the Cultural Competency Plan in accordance with CCR, Title 9, §3200.100
- Trainings may be delivered by any of the following methods:
 - Online/Web – Relias Learning
 - County – SBC-DBH or other County departments
 - Private – Contracted consultant or organization

SBC-DBH has an organized Executive Training Committee (ETC) for the purposes of identifying training options and plans for SBC-DBH employees/contracted employees/volunteers and to ensure content and material provided in trainings is consistent with SBC-DBH requirements and goals. The ETC meets monthly and performs the following functions:

- Conducts a survey, at least on an annual basis, to assess training needs for SBC-DBH
- Analyzes results of the survey and prioritizes training plans accordingly
- Evaluates each training and makes recommendations for modifications and future trainings

All training opportunities provided by SBC-DBH are available to providers chosen to participate in the waiver.

Following is a menu of trainings which are mandatory for all providers including those providers participating in the DMC-ODS waiver: It is important to note that

SBC-DBH provides California Association for Alcohol/Drug Educators (CAADE) continuing education units (CEUs) for alcohol and drug counselors.

- Cultural Competency training which meets requirements of the Federal Office of Minority Health Culturally and Linguistically Appropriate Services (CLAS) national standards on an annual basis
- Trainings related to department rules, regulations, goals and competency- based trainings as identified need is determined
- Trafficking Victims Protection Act of 2000 Training on an annual basis
- Title 22 Drug Medi-Cal training on a bi-annual basis and as necessary based on program review outcomes
- Persons with Disabilities (Title 45 CFR, Part 84) and Americans with Disabilities training on an annual basis
- California Outcomes Measurement System Treatment (CalOMS Tx) training on an annual basis to include the following elements:
 - CalOMS Tx Data Collection Guide
 - CalOMS Tx Data Dictionary
 - CalOMS Tx Data Compliance Standards
- Drug and Alcohol Treatment Access Report (DATAR) Web User's Manual training on an annual basis
- Perinatal Services Network Guidelines for Fiscal Year 2016 – 17, if applicable to provider: one time training with technical assistance as requested from the provider
- Youth Treatment Guidelines, if applicable to provider, on an annual basis
- Drug Medi-Cal Reimbursable Services training on an annual basis or more frequently as needed. The training will focus on requirements of Welfare & Institutions Code, Section 14124.24

In preparation for the Drug Medi-Cal Organized Delivery System implementation, SBC-DBH is collaborating with the California Institute for Behavioral Health Solutions (CIBHS) for the following trainings which will be required for all providers (as applicable) participating in the DMC-ODS implementation plan:

- Medication Assisted Treatment:
 - Provided a minimum of one time annually
- American Society of Addiction Medicine (ASAM) Part A/B:
 - Provided bi-annually through the DMC-ODS implementation phase and then as identified needs arise
- Continuum of Care
 - Provided annually
- DMC-ODS Waiver Assessment and Modality Services
 - Provided annually
- Selective Contracting
 - Provided annually
- Quality Assurance Process
 - Provided annually

In addition to trainings already provided, SBC-DBH has the following completed/pending trainings which are required for those participating in the DMC-ODS implementation plan:

- Relapse Prevention
 - Provided annually
- Treatment Planning
 - Provided annually
- Motivational Interviewing:
 - Provided bi-annually
- Co-Occurring Disorders:
 - Provided a minimum of one time annually
- Cognitive Behavioral Therapy: provided a minimum one time annually
- Screening Brief Intervention and Referral to Treatment (SBIRT): completed in May 2015 for MHPs and PCPs and will be offered as identified need arises
- From Trauma to Triumph:
 - Provided a minimum of one time annually
- Law and Ethics
 - Provided annually

SBC-DBH will increase the menu of trainings for county-operated and contracted substance use disorder treatment providers as identified needs are determined. SBC-DBH would like to provide the following training, but is seeking assistance from DHCS in the preparation of the training:

- American Society of Addiction Medicine (ASAM) Designation for Residential Facilities: to address the requirements of each ASAM designation and the protocol for completion of the DHCS American Society of Addiction Medicine (ASAM) Residential Level of Care Designation Questionnaire and how the questionnaire is evaluated for designation.

11. Technical Assistance. What technical assistance will the county need from DHCS?

SBC-DBH has been actively engaged in the process of receiving technical assistance from DHCS in preparation for the DMC-ODS. SBC-DBH has participated and continues to participate in all DHCS Conference Calls and Webinars that are made available through the DHCS website in addition to all announced calls/webinars.

In addition to the current technical assistance provided by DHCS, SBC-DBH would like to request additional technical assistance to address the following:

- Voluntary inpatient Withdrawal
- Fidelity of implementation monitoring
- Protocol on adjusting plan once implemented (rates)

12. Quality Assurance. Describe the County's Quality Management and Quality Improvement programs. This includes a description of the Quality Improvement (QI) Committee (or integration of DMC-ODS responsibilities into the existing MHP QI

Committee). The monitoring of accessibility of services outlined in the Quality Improvement Plan will at a minimum include:

- Timeliness of first initial contact to face-to-face appointment
- Frequency of follow-up appointments in accordance with individualized treatment plans
- Timeliness of services of the first dose of NTP services
- Access to after-hours care
- Responsiveness of the beneficiary access line
- Strategies to reduce avoidable hospitalizations
- Coordination of physical and mental health services with waiver services at the provider level
- Assessment of the beneficiaries' experiences, including complaints, grievances and appeals
- Telephone access line and services in non-English languages including American Sign Language.

As outlined in all contract agreements with substance use disorder service providers, SBC-DBH performs in-depth formal program reviews a minimum of one time per fiscal year with the standard of two times per fiscal year. The formal review requires SBC-DBH to examine:

- The organization, administration and personnel of contracted, certified and county programs.
- The documentation supporting substance use disorder services
- Additional program requirement, including but not limited to accurate and timely submission of required CalOMS data; DATAR reporting; accurate and timely claims submission; and changes in key staffing or other events that may trigger re-certification

Additionally, Outpatient, IOT, Residential, Narcotic Treatment and Recovery Centers are evaluated on performance on a quarterly basis. All programs are reviewed to ensure compliance with federal, state and county regulations.

With DMC-ODS Waiver implementation, SBC-DBH staff will also be authorizing residential treatment admissions. Staff will review documentation demonstrating that the beneficiary meets medical necessity criteria, is in the appropriate ASAM level of care, and that the interventions are appropriate for the diagnosis (es) and level of care.

SBC-DBH staff currently conducts test calls in English and Spanish to SUD treatment providers to ensure: professionalism, helpfulness, access to care, and overall consumer satisfaction. The results of these test calls will be incorporate into the QMAC a minimum of once per year. These reports will also be distributed to clinic directors and supervisory staff to initiate needed training to strengthen any areas found to be deficient.

Quality Improvement Performance Plan and Quality Management Action Committee

The DMC-ODS Quality Improvement Performance Plan and Quality Management Action Committee (QMAC) will be integrating with the existing Mental Health Plan Quality Improvement Performance Plan and QMAC. Quality Improvement Performance Plan goals which will initially focus on establishing baseline measures and performance standards, and developing the infrastructure necessary to track and report on data related to timeliness, access to and quality of care, client outcomes, beneficiary satisfaction, integration with mental and physical health and other CFR 438 requirements related to network adequacy and beneficiary protections.

The monitoring of accessibility of services outlined in the Quality Improvement Performance Plan will at a minimum include:

- Timeliness of first initial contact to face-to-face appointment;
- Timeliness of services of the first dose of NTP services;
- Frequency of follow-up appointments in accordance with individualized treatment plans;
- Access to after-hours care;
- Responsiveness of the beneficiary Access Line;
- Strategies to reduce avoidable hospitalizations;
- Coordination of physical and mental health services with DMC-ODS services at the provider level; and
- Assessment of the beneficiaries' experiences, including complaints, grievances and appeals, telephone Access Line and services in the prevalent non-English languages.

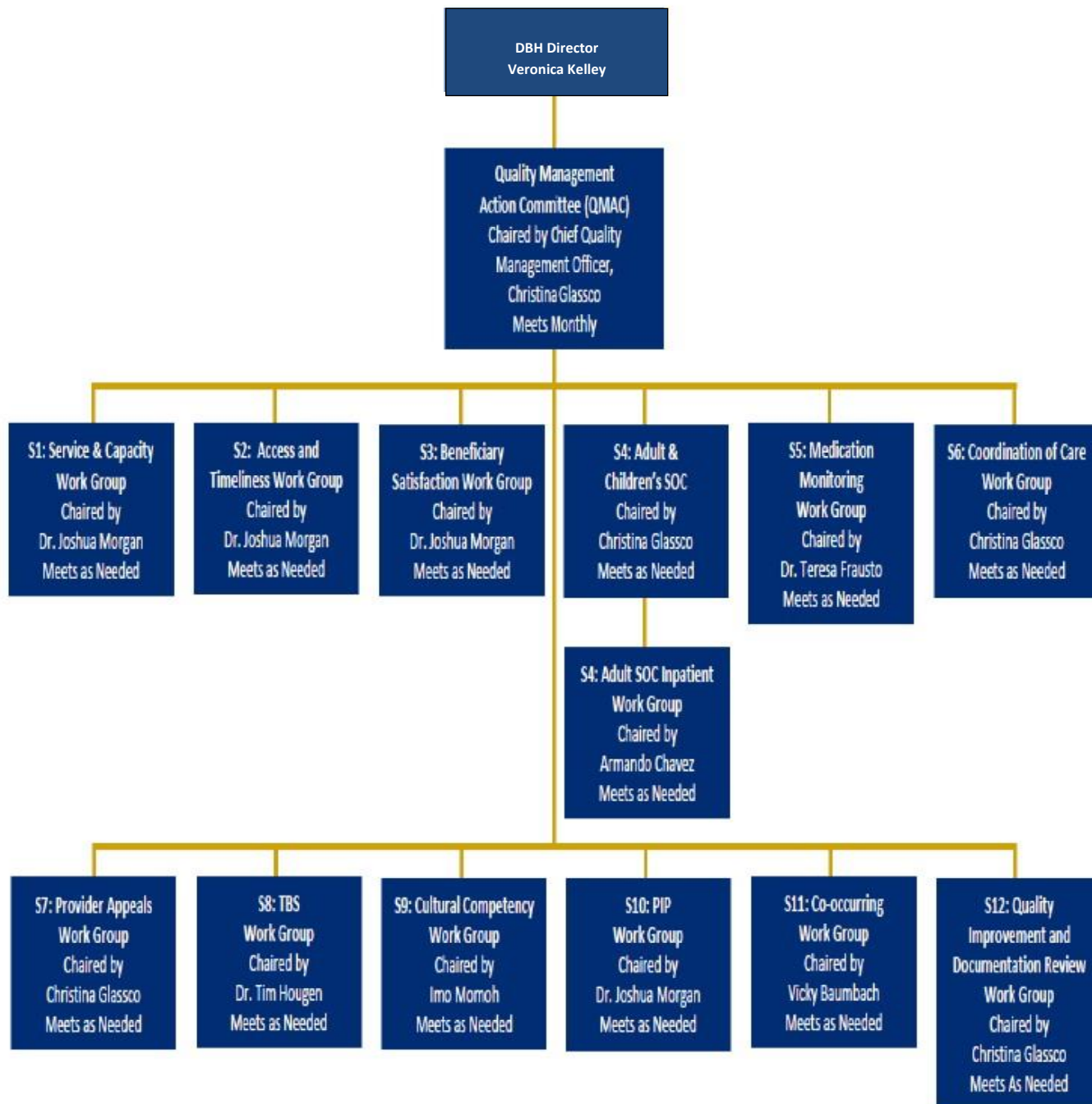
The QMAC meets monthly and for the DMC-ODS will be responsible for recommending policy decisions; reviewing and evaluating the results of Quality Improvement activities; ensuring follow-up of Quality Improvement processes; and documenting Quality Management Action Committee minutes regarding decisions and actions taken. At a minimum, the QMAC will also review the following data:

- Number of days from referral to the first DMC-ODS service at the appropriate level of care
- Performance of the 24/7 telephone access line with appropriate language capacity
- Access to DMC-ODS services with interpretation services in the threshold language(s)
- Number and percentage of approved and denied requests for Residential treatment and the time period of authorization request approvals or denials

The QMAC membership includes representation from County MH and SUD services. Access, Compliance, Cultural Competency, WET, and Program managers

and supervisors, contracted mental health providers and consumer and family representatives and will be expanded to include substance use disorder service providers, and SUD consumers and family representatives.

QUALITY IMPROVEMENT PROGRAM COMMITTEE / WORK GROUP STRUCTURE



Review Note: Plans must also include how beneficiary complaints data shall be collected, categorized and assessed for monitoring Grievances and Appeals. At a minimum, plans shall specify:

- How to submit a grievance, appeal, and state fair hearing
- The timeframe for resolution of appeals (including expedited appeal)
- The content of an appeal resolution
- Record Keeping
- Continuation of Benefits
- Requirements of state fair hearings.

The SBC-DBH will collect data on complaints, grievances and appeals. A monthly report will be compiled and reviewed at the monthly QMAC meeting. The report will indicate:

- Number of grievances/complaint/appeals received per month
- Number of grievances/complaints/appeals resolved per month
- Average number of days to resolution
- Type of grievance/complaint/appeal (Access, Denied Services, etc.)
- Corrective Actions

Grievance, Appeals and State Fair Hearings:

Grievances, as defined in policy, are filed when a beneficiary wants to express unhappiness about anything regarding his or her SUD services not covered by the Appeal and State Fair Hearing processes.

- ✓ The beneficiary has the option to contact the provider directly, or contact the Access Unit or complete a grievance form, when filing a grievance. The grievance can be filed in writing or verbally. Grievances must be resolved within sixty calendar days.

Appeals, as defined in policy, are filed when a beneficiary is dissatisfied after receipt of a Notice of Action.

- ✓ For an Appeal the beneficiary submits an appeal in writing or verbally to the Access Unit. The time frame for resolution of Appeals is 45 calendar days from the date of the written/verbal form of the Appeal is received. Expedited Appeals must be resolved within three days.
- ✓ The beneficiary has the right to continue receiving services while the Appeal is pending.
- ✓ The appeal resolution will contain the beneficiary, and provider information and indicate the final appeal decision whether it was upheld or overturned.

Beneficiaries who have exhausted the Grievance and/or Appeal process may request a State hearing within ninety calendar days of receipt of the postmark date of the Appeal or Grievance.

- ✓ State Fair Hearings are filed by calling or writing to the designated state office.
- ✓ The beneficiary may also be eligible to continue receiving services pending the outcome of the Hearing, if the request is made within ten calendar days of receipt of the Notice of Action.

The following table describes the procedure the beneficiary follows to file a State Fair Hearing:

Step	Action
1.	The Access Unit will attempt to resolve the matter prior to the State Fair Hearing and if necessary prepares a position paper which will be sent to the Medi-Cal Field office.
2.	The Access unit will send a copy of the position paper to the beneficiary sufficiently in advance of the State Fair Hearing to allow time for review and hearing preparation.
3.	The Access Unit maintains the "Fair Hearing Tracking Log" to monitor progress and resolution for each fair hearing request.
4.	The Access Unit sends a SUD representative to the State Fair Hearing.
5.	The Access Unit coordinates communication with the State, providers and beneficiaries regarding the Fair Hearing process.

13. Evidence Based Practices. How will the counties ensure that providers are implementing at least two of the identified evidence based practices? What action will the county take if the provider is found to be in non-compliance?

SBC-DBH provides a robust training program through the department's Workforce Education and Training (WET) component. WET staff develops strategies and educational programs to meet the needs of all DBH departments and contracted providers which include annual trainings on evidence based practices (EBP) such as:

- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing

Currently, SBC-DBH staff and contracted provider staff are encouraged to attend these trainings annually, however, with the approval and implementation of the

Waiver, contractual language will be added to all contracted provider contracts requiring all direct provider staff attend a minimum of two EBP trainings on an annual basis. SBC-DBH Substance Abuse Program Coordinator's will implement as part of their QAR process, verification that all direct treatment staff have evidence of a minimum of two EBP trainings per year in their employee file. The trainings attended by treatment staff may be attended through SBC-DBH or through other resources.

Current SBC-DBH SUD contracts contain verbiage requiring all treatment providers to utilize treatment methodologies based on EBPs and all future contracts will continue to contain this language. Substance Abuse Program Coordinators monitor for the use of EBPs as evidenced by interventions and progress notes completed by counseling staff and direct service observations of group counseling sessions.

Any non-compliance found in this area requires the provider to submit a corrective action plan. SBC-DBH staff provides technical assistance to treatment programs as needed to ensure compliance with this requirement and will continue to do with the implementation of the Waiver.

14. Regional Model. If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries. How will the county ensure access to services in a regional model (refer to question 7)?

San Bernardino County Department of Behavioral Health will not be implementing a Regional Model.

15. Memorandum of Understanding. Submit a signed copy of each Memorandum of Understanding (MOU) between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery as described in Section 152 "Care Coordination" of the STCs. If upon submission of an implementation plan, the managed care plan(s) has not signed the MOU(s), the county may explain to the State the efforts undertaken to have the MOU(s) signed and the expected timeline for receipt of the signed MOU(s).

Review Note: The following elements in the MOU should be implemented at the point of care to ensure clinical integration between DMC-ODS and managed care providers:

- Comprehensive substance use, physical, and mental health screening, including ASAM Level 0.5 SBIRT services;
- Beneficiary engagement and participation in an integrated care program as needed;

- Shared development of care plans by the beneficiary, caregivers and all providers;
- Collaborative treatment planning with managed care;
- Delineation of case management responsibilities;
- A process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved;
- Availability of clinical consultation, including consultation on medications;
- Care coordination and effective communication among providers including procedures for exchanges of medical information;
- Navigation support for patients and caregivers; and
- Facilitation and tracking of referrals.

San Bernardino County has two managed care plans:

- Inland Empire Health Plan
- Molina Healthcare of California

Inland Empire Health Plan (IEHP)

SBC-DBH has a long-standing Memorandum of Understanding (MOU) with IEHP. SBC-DBH entered into an MOU with IEHP in 2002 for the provision of mental health services. SBC-DBH had been in negotiations beginning in August 2015 to amend the current MOU to include the provisions for SUD services. The amended MOU includes, but is not limited to the STCs and all elements to assure clinical integration between SBC-DBH and IEHP.

The MOU between SBC-DBH and IEHP has undergone a thorough review process from both entities and is in a finalized form with Board of Supervisor approval effective December 20, 2016. SBC-DBH has attached the finalized, signed MOU as Addendum III.

Molina Healthcare of California (Molina)

SBC-DBH has a long-standing Memorandum of Understanding (MOU) with Molina. SBC-DBH entered into an MOU with Molina in 2002 for the provision of mental health services. SBC-DBH had been in negotiations beginning in August 2015 to amend the current MOU to include the provisions for SUD services. The amended MOU includes, but is not limited to the STCs and all elements to assure clinical integration between SBC-DBH and Molina.

The MOU between SBC-DBH and Molina has undergone a thorough review process from both entities and is in a finalized form with Board of Supervisor approval effective December 20, 2016. SBC-DBH has attached the finalized, signed MOU as Addendum IV.

16. Telehealth Services. If a county chooses to utilize telehealth services, how will telehealth services be structured for providers and how will the county ensure confidentiality? (Please note: group counseling services cannot be conducted through telehealth).

SBC-DBH currently utilizes Telehealth for mental health services and will be utilizing this service for SUD treatment within one year of Waiver implementation. Telehealth will be especially beneficial for SUD clients residing in more remote areas of the county where there can be challenges providing the services of a licensed physician or LPHA during days and times that are most conducive to the client's needs.

Telehealth services will be used to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a client's SUD episode. The client will be at the remote clinic location (originating site) and the physician or LPHA will be located at the Screening Assessment and Referral Center (distant site).

Initially, Telehealth will be piloted with the SBC-DBH SUD clinic located in Barstow (originating site) and will require a face-to-face via Telehealth to assist in determining medical necessity by a Medical Director, licensed physician, or LPHA as defined in Section 3(a) of the Standard Terms and Conditions. After establishing a diagnosis using the DSM, ASAM Criteria will be applied to determine the most appropriate placement for the client into the SBC-DBH system of care. Telehealth services will never be used to provide group therapy in SBC-DBH SUD clinics.

Prior to participating in Telehealth, SBC-DBH will require the client to provide written consent which will be kept in the client's file permanently. While implementing this service to be used in SBC-DBH SUD clinics, program staff will utilize the California Telehealth Resource Center (CTRC), a federally designated resource center dedicated to helping providers implement and sustain telehealth, for additional guidance as needed throughout the process.

SBC-DBH will ensure the confidentiality of Telehealth services provided to client's by adhering to the following:

- No person, other than the Clinical Presenter and those agreed to by the client shall observe or monitor the service
- The door to the room that is being utilized shall remain closed during the telemedicine service and a sign must be posted on the door stating that a clinical session is in progress
- Complying with all department policies and procedures pertaining to confidentiality and protected health information

After analyzing the benefits of Telehealth services provided at the Barstow SUD clinic, SBC-DBH may choose to expand the use of Telehealth to other SBC-DBH SUD clinics

based on the needs of the communities the clinics are located in throughout the county.

17. Contracting. Describe the county's selective provider contracting process. What length of time is the contract term? Describe the local appeal process for providers that do not receive a contract. If current DMC providers do not receive a DMC-ODS contract, how will the county ensure beneficiaries will continue receiving treatment services?

San Bernardino County Department of Behavioral Health combines county-operated SUD treatment services with community-based organizations /providers who offer SUD treatment and recovery services. Currently, SBC-DBH provides all needed Residential and NTP SUD services through community-based for-profit/non-profit organizations, while all other SUD services are delivered through a network of county-operated and community-based organizations.

All contracted services are procured by following the SBC Procurement Policy which states in part that procured services are to be obtained using the best value for each expended dollar and to uphold public trust in an open and honest environment. All procurements, unless otherwise supported by law or County policy, are solicited on a competitive basis. If services are procured on a non-competitive basis, that procurement must be supported by reasonable justification of the non-competitive nature of the acquisition.

SBC procurement process is utilized for outside service providers when there is an identified need for special expertise or experience beyond the capability of the county or use of outside service providers is more cost-effective. DBH must utilize the competitive procurement processes as established by the Board of Supervisors and the County Administrative Office through Ordinance, Policies and Standard Practices or the County Procurement Manual.

Competitive and non-competitive procurement of services up to \$100,000 may be approved through a purchase request after conducting a good faith review of available sources in accordance with Government Code §25502.5 and County Code §14.0102.

If DBH determines that it is in the best interest of the County to obtain services without a competitive process, DBH must provide a detailed written report evidencing the support of a non-competitive determination. It may be determined that negotiations as to price, delivering and terms be conducted.

All contracts for services (including purchase orders) in excess of \$100,000 must be approved by San Bernardino County Board of Supervisors.

Selection of service providers are conducted through a competitive process based upon demonstrated competence, and on the professional qualifications and

capabilities necessary for the performance of the services required at a fair and reasonable price to the County. The elected vendor shall provide the overall best value to the County, based on the evaluation criteria set forth in the RFP. Cost is not necessarily the primary factor in the selection process, but should be an important consideration in the evaluation and selection process.

DBH must submit a request for proposal to be approved by the County Administrative Office or designee prior to release.

The maximum contract term is three (3) years, including the initial term and any renewals. Contracts exceeding a three-year term may be approved by the BOS. No indefinite term contracts are permitted.

Personnel involved in the selection process shall not engage in practices which might result in unlawful activity including, but not limited to, rebates, kick-backs or other unlawful consideration. County employees are prohibited from participating the selection process when the employees have a relationship with a person or business entity seeking a contract which would subject those employees to the prohibitions of Government Code Sections 87100 and 1090 et seq. or when it might result in any violation of the county procurement policy (ies).

San Bernardino County DBH provides an appeals process for proposal organizations who receive written denial of award based on the aforementioned procurement process. The appeal from any proposal organization must be in writing, contain the RFP number they are appealing and must be addressed and delivered to the following address:

County of San Bernardino
Department of Behavioral Health

ATTN: Contracts Administration

RE: RFP-DBH # 15-91

303 East Vanderbilt Way

San Bernardino, CA 92415-0026

In order to be evaluated for an appeal the written request must be submitted within ten (10) calendar days of the date on the denial of funding or intent to award letter (denial of award).

A protest for DENIAL OF AWARD can only be brought on the following grounds:

1. Procedural irregularities: County fails to adhere to requirements specified in the RFP or any addenda or amendments.

2. Conflict of Interest Violation: There has been a violation of conflict of interest as provided by California Government Code Section 87100 et seq.
3. A violation of State or Federal law.

Denial protests will not be accepted on any other grounds. All denial protests will be handled by a panel designated by the Director of the Department of Behavioral Health.

The panel will consider only those specific issues addressed in the written valid and accepted protest(s), which must include any documentation or information that supports the protest and the specific reasons and rationale for the protest. A written response from the Director/panel will be directed to the protesting Proposer within a reasonable timeframe prior to the tentatively scheduled date for awarding the Contract, advising of the decision with regard to the protest and the basis for the decision.

The final authority to award a Contract(s) rests solely with the County of San Bernardino Board of Supervisors.

In the event a current DMC provider is not awarded a DMC contract, San Bernardino County ensures availability of treatment services through the procurement process by requesting for services in each region/area of the county where identified DMC services are determined to be necessary based on assessment.

Should a contract end due to the natural expiration of contract term or for any other reason, DBH will provide written notification to the provider at least thirty (30) days in advance outlining all actions which must occur for the smooth transition of beneficiaries who may be impacted. DBH will work in tandem with the provider to ensure all beneficiaries are linked appropriately into San Bernardino County's continuum of care based on beneficiary's needs.

18. Additional Medication Assisted Treatment (MAT). If the county chooses to implement additional MAT beyond the requirement for NTP services, describe the MAT and delivery system.

In addition to the three (3) licensed Narcotic Treatment Providers (NTP) currently providing Methadone in separate regions of the county, SBC-DBH intends to offer the following additional MAT services within the first six (6) months of the implementation plan:

Additional MAT	Provided by:	Administered by:
Vivitrol	County operated SUD clinics	Medical Professional

Currently, SBC-DBH county operated SUD clinics do not administer any MAT and the introduction of Vivitrol (injectable naltrexone) to assist beneficiaries with alcohol and/or opioid dependence will be a valuable tool to use alongside a comprehensive treatment episode including:

- Full ASAM based assessment
- Physical examination
- Treatment Plan
- Documentation of medical necessity
- Group and individual therapy
- Monthly injection of Vivitrol by a physician, nurse, physician's assistant

Vivitrol injection will only be one part of the client's treatment episode and SBC-DBH will not use it to replace counseling.

As recommended by SAMHSA's "Naltrexone for Extended-Release Injectable Suspension for Treatment of Alcohol Dependence," SBC-DBH treatment staff, including counselors and medical staff, will maintain regular communication regarding clients who are receiving Vivitrol monthly, concerning:

- Client's reported or detected drinking or drug use episodes
- Client's concerns about side effects
- Issues affecting the client's safety (suicidal ideation, reported or observed increase in levels of depression or anxiety, or significant physical complaints)
- Client's expressed desire to stop taking the medication

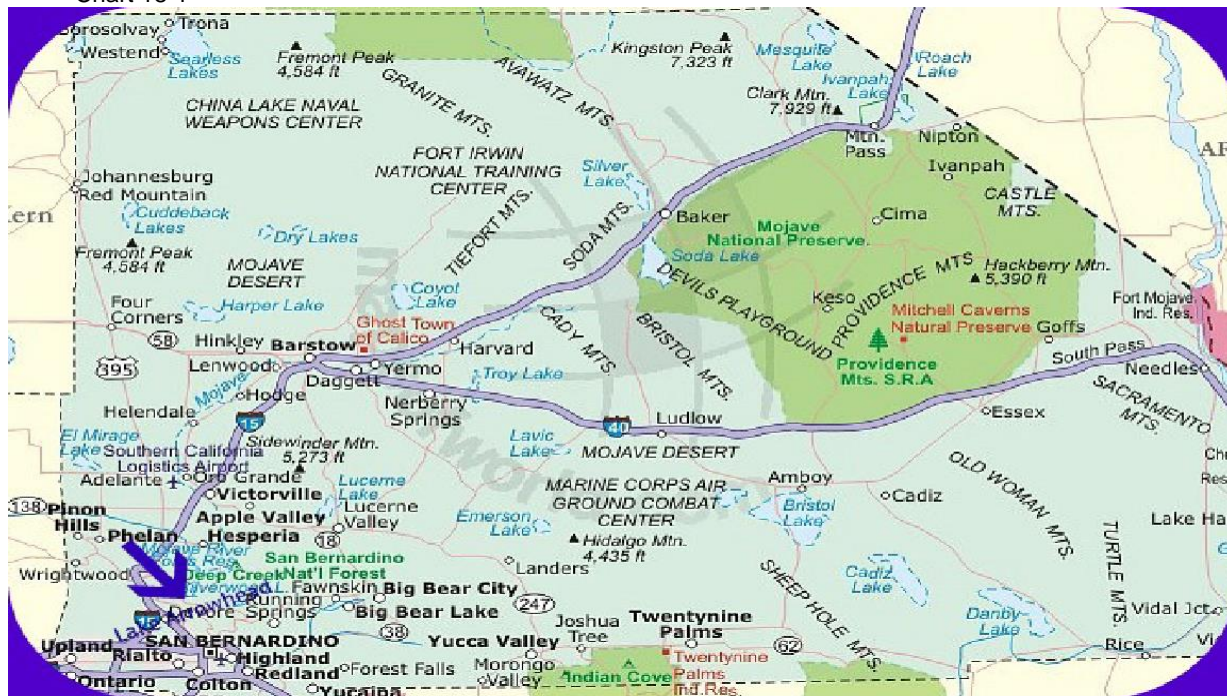
Determination of the length of time a client will receive Vivitrol will be dependent upon the progress of the treatment episode and the client's desire to continue treatment. SBC-DBH anticipates the injectable naltrexone therapy to coincide with the timeframe of the OP/IOT episode; however, timeframe will be decided by the prescribing professional and treatment team with input from the client as recommended by SAMHSA's "Naltrexone for Extended-Release Injectable Suspension for Treatment of Alcohol Dependence."

SBC-DBH will follow the SAMHSA Federal Guidelines for Opioid Treatment Programs upon implementing MAT services.

Clients who are assessed at needing a higher level of care in a county contracted residential facility will also be eligible to receive Vivitrol through county operated clinics. SBC-DBH will work with the residential providers to coordinate the injections and the case coordination between SBC-DBH medical staff and the residential treatment counseling staff.

SBC-DBH is also working closely with the current NTPs in our county to expand services to include Buprenorphine, Disulfiram and Naloxone for beneficiaries who are found to meet medical necessity by a physician certified to administer these medications. Additionally, NTPs are researching the feasibility of providing MAT services utilizing mobile units due to the geographic nature of San Bernardino County which encompasses 20,000 square miles.

Chart 18-1



NTPs currently provide methadone treatment in the cities of Colton, Hesperia and Ontario, leaving a large area of the county underserved in regards to current MAT services. If mobile MAT services are implemented, MAT services could expand to include servicing the Morongo Basin and High Desert regions of the county. SBC-DBH anticipates these expansions of MAT services to happen by year two (2) of the implementation plan.

19. Residential Authorization. Describe the county's authorization process for residential services. Prior authorization requests for residential services must be addressed within 24 hours.

The primary mode of entry into residential treatment will be through the SBC-DBH Screening Assessment and Referral Center (SARC). Through SARC, beneficiaries will be screened by certified and/or licensed staff either in person or via telephone. Utilizing ASAM Placement Criteria, SARC staff will determine the appropriate modality and level of care based on the beneficiaries treatment needs. Clients in need of residential treatment will be directed to present at the appropriate treatment facility for an intake assessment on a date and time convenient for the client and treatment provider. The timeframe for placement into residential services can vary by provider capacity and beneficiary need and/or preference. SBC-DBH is committed to providing all county residents with excellent care and service and in order to maintain this standard, it may be necessary to place clients on a deferred entry placement plan. Clients who are placed on a deferred entry placement plan will be, with their consent, transferred directly to a SBC-DBH case manager to coordinate entry to treatment and address any additional services they may be in

need of. A beneficiary on deferred entry placement may be an individual who is identified with co-morbidities which may need to be addressed and cleared for stability by the beneficiary's Primary Care Physician or Psychiatrist. Additionally a beneficiary on a deferred entry placement plan may be working extensively with a SBC-DBH case manager to stabilize familial/employment arrangements in order to enhance treatment success. The federally defined Priority Population will always take precedence when determining treatment placement.

Beneficiaries who are screened/assessed through SARC and referred to residential treatment will not require any other authorization from the county to enter residential treatment for the initial first 30 days.

Beneficiaries will also have the option of presenting directly to residential treatment facilities. Once assessed as being appropriate for treatment at that facility, the treatment provider will be responsible for submitting an authorization request form to the SBC-DBH Residential Services Coordinator within 48 hours. Upon receipt of the authorization request, a residential services coordinator will have 24 hours to review the request and DSM and ASAM Criteria to ensure the client meets the requirements for the service. Additional information may be requested as needed and prior treatment episodes will be taken into consideration prior to approval or denial.

Once a client has entered into a residential treatment provider and proper authorization has been completed, the treatment provider will need to obtain continuing service authorization every 30 days for adults and youth. As with the initial authorization, DSM and ASAM Criteria regarding the client must be submitted with the authorization request. Residential treatment episodes will be limited to two episodes per calendar year for adults and youth. Adult residential treatment episodes may be authorized for up to 90 days and youth, 30 days. 30 day extensions may be authorized for both adult and youth but must be supported that the extension of services is medically necessary for the beneficiary.

SBC-DBH recognizes that certain populations may require a lengthier stay in residential treatment, such as the perinatal and criminal justice involved populations and will ensure these mitigating factors are taken into consideration when reviewing authorization and re-authorization requests.

Additionally, if a beneficiary is admitted to residential treatment and it is discovered after authorization has been received the client requires a higher or lower level of care, and the beneficiary will need to transfer to another treatment provider, the current treatment provider will need to coordinate with the SBC-DBH residential services coordinator to ensure seamless coordination of transfer for the beneficiary. The current treatment provider will be required to continue to provide services to the beneficiary until the transfer has been completed in order to reduce additional disruption to the beneficiary's treatment episode.

20. One Year Provisional Period. For counties unable to meet all the mandatory

requirements upon implementation, describe the strategy for coming into full compliance with the required provisions in the DMC-ODS. Include in the description the phase-in plan by service or DMC- ODS requirement that the county cannot begin upon implementation of their Pilot. Also include a timeline with deliverables.

Review Note: This question only applies to counties participating in the one-year provisional program and only needs to be completed by these counties.

SBC – DBH expects to meet all mandatory requirements upon implementation of the Drug Medi-Cal Organized Delivery System Waiver and be in compliance with the required provisions of the DMC - ODS. Therefore, DBH – DBH does not anticipate a need to participate in the one-year provisional program.

County Authorization

The County Behavioral Health Director (for Los Angeles and Napa AOD Program Director) must review and approve the Implementation Plan. The signature below verifies this approval.

_____	_____	_____
County Behavioral Health Director* (*for Los Angeles and Napa AOD Program Director)	County	Date

San Bernardino County Department of Behavioral Health Stakeholder Meetings

Meeting Name	Participants	Frequency	Ongoing Meeting
Substance Abuse Provider Network Meeting (SAPN)	SUD treatment providers; DBH staff; community members	Quarterly	Yes
Association of Community Based Organizations (ACBO)	Community based organizations; DBH staff	Quarterly	Yes
Residential Treatment Services Meeting	Residential treatment providers; DBH staff	Semi-annually	Yes
1115 Waiver Planning Meeting	SUD treatment providers; DBH staff	Quarterly	No; planning meetings have concluded
County Collaborative Partner Meeting	Probation; Children and Family Services; Public Defender; County Counsel; Superior Court; Sheriff's; Transitional Assistance Department; Public Health; DBH staff	Quarterly	Yes
Managed Care Collaborative Meeting	Molina; Inland Empire Health Plan; DBH staff	Annually	Yes: As needed
NTP Provider Meeting	NTP Providers; DBH staff	Quarterly	Yes
DBH Management Meeting	DBH Managers and staff	Annually	Yes
ADS IT, Fiscal and Program Meeting	DBH IT, fiscal and program staff	Monthly	Yes
DMC-ODS Planning Meeting	DBH staff	Weekly	Yes

Addendum II - Q8 - Provider Caseload/Capacity/Target Population

Provider	Location	Modality	MAT	Capacity	Current Caseload	Target Population
WCHS, Inc. - 363602	Colton	Narcotic Treatment Program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	596 Meth / 4 Non-Res Dtx Meth	557/0	Adult (18+)
Aegis Treatment Centers - 363652	Hesperia	Narcotic Treatment Program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	475 Meth / 25 Non-Res Dtx Meth	425/4	Adult (18+)
Aegis Treatment Centers - 363650	Ontario	Narcotic Treatment Program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	275 Meth/ 25 Non-Res Dtx Meth	270/3	Adult (18+)
Cedar House Life Change Center - 363640 & 363676	Bloomington	Residential Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	101	94	Adult (18+)
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	7	Adult (18+) Perinatal – W/ Children
Cedar House Life Change Center - 363640	Bloomington	Withdrawal Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	24	0	Adult (18+)
Cedar House Life Change Center 363645	Bloomington	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	80	47	Adult (18+)
Tarzana Treatment Centers	Lancaster	Residential Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	0	Adult (18+)
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3	3	Youth (17 and under)

Tarzana Treatment Centers	Tarzana	Residential Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	1	Adult (18+)
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	Youth (17 and under)
Tarzana Treatment Centers	Tarzana	Withdrawal Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4	2	Adult (18+)
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	0	Youth (17 and under)
Veterans Alcoholic Rehabilitation Program - 360051	San Bernardino	Residential Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18	18	Adult Women (18+)
Veterans Alcoholic Rehabilitation Program - 360050	San Bernardino	Residential Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40	40	Adult Men (18+)
Inland Valley Recovery Services - 360021	Upland	Residential Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	110	110	Adult (18+) Perinatal – W/ Children
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Adult (18+)
Inland Valley Recovery Services - 360021	Upland	Withdrawal Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10	10	Adult (18+)
Inland Valley Recovery Services - 360025	Upland	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50	50	Adult (18+)
		Perinatal IOT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Adult (18+) Perinatal – W/ Children
Inland Valley Recovery Services - 368619	San Bernardino	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50	50	Adult (18+)
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Youth (17 and under)
		Juvenile Drug Court	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Youth (17 and under)

St. John of God Health Care Services - 360040	Victorville	Residential Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	58	39	Adult (18+) Perinatal – W/ Children
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Adult (18+)
St. John of God Health Care Services - 360040	Victorville	Withdrawal Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6	1	Adult (18+)
St. John of God Health Care Services - 363660	Victorville	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	70	70	Adult (18+)
Barstow Behavioral Health Center - 363681	Barstow	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40	20	Adult (18+)
		Intensive Outpatient Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Youth (17 and under)
High Desert Child, Adolescent and Family Services Center -368631	Barstow	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	80	32	Adult (18+)
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Youth (17 and under)
High Desert Child, Adolescent and Family Services Center - 363634	Victorville	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	80	72	Adult (18+)
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Youth (17 and under)
		Perinatal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Perinatal - Women
		Juvenile Drug Court	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Youth (17 and under)

Mental Health Systems – Big Bear Center for Change - 368632	Big Bear Lake	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30	15	Adult (18+)
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Youth (17 and under)
		Drug Court	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Adult (18+)
Mental Health Systems – Needles Center for Change - 363608	Needles	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	80	10	Adult (18+)
Mental Health Systems – San Bernardino Center for Change - 363639	San Bernardino	Drug Court	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	75	53	Adult (18+)
		Outpatient Drug Free – Pride Program – Court Referral Only	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Adult (18+)
Mental Health Systems – Counseling and Recovery Center for Change - 368630	Yucca Valley	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	62	30	Adult (18+)
						Youth (17 and under)
Mental Health Systems – Joshua Tree Drug Court Center for Change - 368629	Joshua Tree	Drug Court	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50	50	Adult (18+)
Mental Health Systems – Central Valley Regional Recovery Center - 363678	Colton	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100	18	Adult (18+)
Mental Health Systems – Victor Valley Center for Change - 363695	Victorville	Drug Court	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	60	41	Adult (18+)
Mariposa Community Counseling - 363699	Ontario	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	60	43	Adult (18+)
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Youth (17 and under)
Rialto Behavioral and Addiction Treatment Services - 363601	Rialto	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	75	48	Adult (18+)

Matrix Institute - 363615	Rancho Cucamonga	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	275	262	Adult (18+)
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Youth (17 and under)
		Drug Court	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Adult (18+)
		Juvenile Drug Court	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Youth (17 and under)
Inland Behavioral & Health Services	San Bernardino	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	110	72	Adult (18+)
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Youth (17 and under)
		Perinatal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Perinatal - Women
Fontana CHOICE Program - 368625	Fontana	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50	21	Adult (18+ - AB109 population)
Victorville CHOICE Program - 368636	Victorville	Outpatient Drug Free	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TBD	TBD	Adult (18+ - AB109 population)

- Capacity and current caseload as reported in DATAR for August 2016